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ABSTRACT

This document supplements information provided in the "Handbook of Accreditation," Second Edition (Commission on Institutions of Higher Education). The Addendum contains the information necessary to keep readers informed of changes in policies and procedures while the Commission is engaged in an initiative to revise its Eligibility Program and Criteria for Accreditation. Updates are provided for these chapters: (1) "Introduction to Voluntary Accreditation and the Commission" (an updated draft chapter); (2) "Affiliation with the Commission" (changes to various sections on denial of affiliation and appeals); (3) "General Institutional Requirements" (changes related to transfer of credit, public information, and good practice); (4) "Criteria for Accreditation" (changes related to criteria and good practice); (6) "Peer Review as a Form of Evaluation and Self Regulation" (changes to evaluation processes); (7) "Logistics for Evaluation Visits" (team size changes); (9 and 10) "Review Processes and Commission Action" and "The Evaluation Process: Charts, Timelines, and Samples" (changes to Appendix A); (11) "Other Monitoring Visits" (procedural changes); (12) "Institutional Change" (definitions of changes and best practices); (13) "The Commission's Candidacy Program" (eligibility changes); (14) "Special Focus: The Commission's Federal Compliance Program" (new requirements); and (15) "Informing the Public" (public meetings and public disclosure). (SLD)

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Addendum to the Handbook of Accreditation Second Edition

March 2002

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The Higher Learning Commission

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Addendum to the
Handbook of Accreditation

Second Edition

March 2002

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This document supplements the information provided in the *Handbook of Accreditation,* Second Edition. This Addendum includes the information necessary to keep readers informed of changes in policies and procedures. The Commission is currently engaged in a major initiative to revise its Eligibility Program and Criteria for Accreditation. A new *Handbook* will be published when that process is completed. In the meantime, through updated Addenda and web publications, the Commission will assure that everyone has readily available the most current policies and procedures relevant to the accreditation process.

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ADDITIONS AND REVISIONS

Chapter 1
Introduction to Voluntary Accreditation and the Commission

The following is the first draft of an updated Chapter 1

Chapter 1
Introduction to Voluntary Accreditation and the Commission

ACCREDITATION IN THE UNITED STATES

Voluntary accreditation in higher education originated almost a century ago as a uniquely American process; sought voluntarily by institutions, accreditation is conferred by nongovernmental bodies. Voluntary accreditation has two fundamental purposes: quality assurance and institutional and program improvement. There are two types of accreditation of educational institutions: institutional accreditation and specialized accreditation.

Throughout the last decade, many nations have established new quality assurance agencies often funded by, but independent of, government ministries. Some follow the American model; several offer different types of quality assurance programs. International discussions are currently being conducted about mutual recognition, perhaps adding a new global dimension to U.S. accreditation.

☐ **Institutional Accreditation**

An institutional accrediting body evaluates an entire institution and accredits it as a whole. It assesses the formal educational activities of an institution and also evaluates governance and administration, financial stability, admissions and student personnel services, institutional resources, student academic achievement, institutional effectiveness, and relationships with constituencies outside the institution.

Six regional agencies provide institutional accreditation on a geographical basis—Middle States, New England, North Central, Northwest, Southern, and Western. While independent of one another, the six regional associations cooperate extensively and recognize one another's accreditation. In 2000 the regional associations initiated a trial collaborative evaluation process for institutions operating physical instructional sites in more than one region.

In addition, seven national institutional accrediting associations offer accreditation for particular types of institutions: religious institutions, trade and technical colleges (both public and private), private business colleges, colleges focusing on health-related fields, and institutions offering programs primarily through distance delivery. The Higher Learning Commission of the North Central Association of Colleges and Schools accredits a small number of institutions that also are affiliated with one or more other institutional accrediting associations.

☐ **Specialized Accreditation**

Specific programs within an educational institution can also seek accreditation. Specialized (or program) accreditation processes evaluate particular units, schools, or programs within an institution. Some are discipline-based (business, computer science, and library science, for example) while many are also associated with national professional associations and state licensing (engineering, medicine, health professions, and law are good examples). Institutional accreditation is separate from the accreditation given or withheld by professional associations, although the Commission does take cognizance of the standards set by professional bodies. The Commission also requires affiliated institutions to inform it of significant changes in status with specialized agencies.

THE NORTH CENTRAL ASSOCIATION

On March 29 and 30, 1895, 36 school, college, and university administrators from seven Midwestern states met at Northwestern University. They had been called to "organize, if deemed expedient, an association of colleges and schools of the North-Central States." The constitution of the association these educators formed stated that the North Central Association's object would be "the establishment of close relations between the colleges and secondary schools" of the region. Within a short time, the desire to improve articulation between secondary schools and colleges led to extensive examination of the quality of education at both levels; that, in turn, led to the accreditation of secondary schools and, later, colleges and universities. Three histories of the Association—Calvin O. Davis' *A History of the North Central Association* (1945), Louis G. Geiger's *Voluntary Accreditation: A History of the North Central Association 1945-1970* (1970), and Mark Newman's *An Agency of Change: One Hundred Years of the North Central Association of Colleges and Schools* (1997)—trace this evolution and chronicle the decisions and actions the Association has taken to provide educational leadership to the region and the country.

Today, the Association is a membership organization of colleges and schools in 19 states (Arizona, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, West Virginia, Wisconsin, and Wyoming); American Dependents' Schools operated overseas for the children of American military and civilian personnel; and Navajo Nation schools. Two independent corporations, The Commission on Schools and The Higher Learning Commission, also hold membership in the Association. While the Association controls the use of the name, logo, and intellectual property of the Association, the two Commissions are legally empowered to conduct accrediting activities for educational institutions. The Commission on Schools in Tempe, Arizona, accredits institutions below the postsecondary degree-granting level; and The Higher Learning Commission in Chicago, Illinois, accredits degree-granting institutions of higher education.

THE HIGHER LEARNING COMMISSION

Recent Developments with the Commission

In 2000, the institutional members of the North Central Association of Colleges and Schools agreed to a corporate restructuring of the Association. Until 2000, the Commission had no legal status (or clear legal responsibility) outside of the Association. In November 2000, the Commission became an independent corporation with clear legal responsibility for its accrediting activities. When it filed for new corporate status, the Commission decided to change its name from the Commission on Institutions of Higher Education to **The Higher Learning Commission.** This was the last of a series of significant changes by the Commission in the last five years of the twentieth century as it sought to build a strong foundation for its activities in the twenty-first century. Triggered by internal self-evaluation and the major study completed by the Committee on Organizational Effectiveness and Future Directions (1995–1997), the Commission restructured its governance and decision-making processes and then initiated a major review of its mission.

☐ The Commission and the Future: Mission, Values, Vision, and Strategic Priorities

On June 22, 2000, the Commission Board of Trustees adopted a seminal document that included a series of interrelated statements that together define the organization and its work. This document emerged from a year-long, highly participative process that established a new mission, core values, a vision, and strategic priorities that are fundamental to the organization and to its mission.

The new mission statement is succinct, yet directive:

Serving the common good by
assuring and advancing the quality of higher learning

These few words signal important priorities ("serving the common good" instead of "serving the membership," for example) while restating the two longstanding purposes of accreditation (assuring quality and stimulating

improvement). The use of "higher learning" in both the mission statement and the organization's name recognizes the need to respond to rapidly evolving structures—institutional and extra-institutional—through which students achieve the higher learning once available only in colleges and universities.

Guiding the work of the Commission into the future will be the core values of quality, integrity, innovation, diversity, inclusiveness, service, collaboration, and learning, each of which is of equal weight and importance. In the future, the Commission will be known for

- Conducting its work with such openness, excellence, and integrity that it earns a national and international reputation for leadership in defining quality in the rapidly changing educational marketplace;
- Promoting flexibility in accrediting processes that utilize peer review in new and creative ways and serve higher education's diverse stakeholders;
- Ensuring that its systems of peer review are discerning, objective, and accepted as effective and valid by its communities of interest;
- Responding to innovative educational models based on new knowledge about learning such as those incorporating on-line learning, collaborative initiatives, and distributed learning environments;
- Providing new services responsive to the needs of its stakeholders that:
  - share effective models of learning and of professional and organizational development,
  - disseminate lessons learned from innovative initiatives, and
  - demonstrate leadership in exploring ways for member institutions to grapple with the complexities of a fast-changing society;
- Making accreditation a learning experience that supports an institution's ability to sustain excellence, foster assessment and improvement, and demonstrate integrity and accountability; and
- Creating new ways to work in partnership with stakeholders from higher education and the public to foster a culture of assessment, provide essential resources to members, and maintain an environment and ethic of accountability.

☐ Evaluation for Affiliation

Since it began accrediting higher education institutions in 1913, the Commission has tried both to reflect and to encourage progress in higher education. At first, institutions were measured against a quite explicit set of standards (for example, "the college, if a corporate institution, shall possess a productive endowment of not less than $200,000"; "the college should limit the number of students in a recitation or laboratory class to thirty"). During the first decades of the century, such quantitative and prescriptive standards helped to bring some order to higher education.

By the end of the 1920s, critics charged that the standards had become roadblocks to legitimate experimentation and constructive change. The Association's college commission responded by undertaking an exhaustive study of its accreditation process that resulted in a fundamental shift in the emphasis of the accreditation process. The concept of standardization was abandoned. Henceforth, the Association declared in 1934, each institution was to be judged in the light of its own self-declared purposes—as long as these were appropriate to a higher education institution. "Standards" were replaced by "criteria"; "inspectors" became "examiners"; and the basis for accreditation

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decisions became a comparison of data about an institution against a set of "norms" derived from data accumulated from many institutions. The "pattern" of data from the institution being evaluated was compared to a "pattern map" based on these norms, and the institution was accredited if the two patterns seemed to match.

After World War II, it became apparent that the idea of a norm assumes similarity; institutions could not be measured against a norm unless they were basically alike. But the 1934 principle accepted the fact that institutions were not alike. Moreover, using normative data to make evaluation decisions also conflicted with the principle that an institution was to be judged on the basis of its stated purposes. In 1957 the Commission began a program of periodically reaffirming the accreditation of member institutions, and a new emphasis was placed on institutional renewal and improvement.

The shift was captured in the Commission's 1958 Guide for the Evaluation of Institutions of Higher Education. The Guide directed the attention of both institutions and Commission examiners to seven basic questions that were considered indicative of the areas that needed to be assessed in order to determine the quality of an educational institution (for example, "What is the educational task of the institution?" "Are the necessary resources available for carrying out the task . . . ?"; "Is student life on campus relevant to the institution's task?"). Since the mid-1970s, when its Handbook on Accreditation first appeared, the Commission has increasingly emphasized the self-study process as both a procedure for gathering data for accreditation decisions and a means of institutional improvement. The focus of evaluation became more qualitative, less quantitative; as a result, the professional judgment of the Commission's examiners became proportionately more important in the evaluation decision. These changes allowed the Commission slowly but surely to extend accreditation to new varieties of institutions. Starting in the 1960s, the Commission's membership increased both in size and variety. Community colleges, vocational-technical institutes, and specialized institutions assumed an increasing importance in American education.

In 1981, the Commission adopted the Criteria for Accreditation and Criteria for Candidacy for Accreditation, which incorporated and superseded all previous statements. In 1987, the Commission reformulated its General Institutional Requirements, which defined the essential characteristics of all its affiliated institutions. Criteria for Accreditation and General Institutional Requirements continue to serve as the basis for the accreditation process as it is currently conducted by the Commission.

Committed to continual review of the effectiveness of its work, in 1991 the Commission initiated a significant reexamination of its policies, procedures, requirements, criteria, and mission through a Committee on Critical Issues. Based on the Committee's recommendations and the response to them by affiliated institutions, the Commission adopted a new mission statement, a revised Criteria for Accreditation and General Institutional Requirements, a new candidacy program, and a major recasting of the policies on approval of institutional change and public disclosure. These developments resulted in the first major restructuring of the Handbook of Accreditation in more than ten years. Responsiveness to the increased rate of change explains the fact that the Commission returned to this major evaluative agenda after less than a decade. The late 1990s, as explained above, witnessed many fundamental transformations in the Commission.

As this Addendum goes to print, the Commission is on the eve of again reviewing the effectiveness and appropriateness of the General Institutional Requirements and the Criteria for Accreditation. The Commission revises or changes them only after seeking comments from its membership. However, to ensure that they are responsive to the changing nature of and expectations for higher education, all review processes will involve many constituencies.

☐ Contexts for the Common Good

When the Commission first started accrediting colleges, most states did not have regulatory bodies for higher education. The federal government was decades away from providing support for and, therefore, forms of regulation of higher education. That has changed. For almost four decades, the Commission has been one of a triad of constituencies concerned with quality assurance. States license and give degree-granting authority, the federal government distributes student aid and other grant monies to eligible institutions, and the accrediting associations provide testimony to acceptable educational quality often relied on by the other two.

The responsibility to governmental entities establishes one part of the "common good." But so does responsiveness to students and their parents who seek access to effective educational opportunities that prepare graduates for careers, for effective citizenship, and for lifelong learning. In an age of global competition, business and industry seek graduates who are capable of working with their heads and, in understanding the richness of diversity among peoples, with their hearts. And international voices draw attention to our shared responsibilities for the global environment; for conflict resolution; and for feeding, clothing, and housing all people.

☐ **Interaction with the Public**

The Commission receives a wide variety of communications from the general public. The office responds directly to such matters as they relate to regional accreditation in general and the accredited status of individual institutions in particular; many inquiries are referred to other appropriate associations and agencies. The Commission's brochure, *Accreditation of Higher Education Institutions: An Overview,* is particularly helpful in explaining the work of the Commission to the general public. The Commission has a publication program that allows the public to purchase all documents available to institutions.

The Commission's web site is increasingly serving as the primary communication link with various publics. Once the Commission's on-line annual report is connected to the fundamental database, detailed information on the status and scope of all affiliated institutions will be available. Commission actions are reported to some constituencies (such as the U.S. Department of Education and State Higher Education Offices) in writing, and they are also posted on the Web. Occasionally, the Commission develops a Public Disclosure Notice to inform the public about a significant development in the relationship of an affiliated institution with the Commission. The Commission's relationship with the public is discussed in greater detail in Chapter 15.

The Commission selects "public representatives" to serve on the Board of Trustees and the other decision-making bodies. More than 26 people from outside of the membership currently participate. All business meetings of the Board of Trustees are open to the public. At least annually, the Commission holds a focus group with community leaders at a different site in the region. All Commission Task Forces include participants from outside organizations and agencies and include a State Higher Education Officer. Moreover, the Commission hosts various web-based avenues for communication.

☐ **Complaints Against Institutions and the Commission**

The Commission receives many complaints against institutions. However, the Commission has established a high standard to distinguish individual grievances from complaints that appear to involve broad institutional practices. This complaint process is outlined in Chapter 15.

The Commission also will receive formal complaints against the Commission. By Commission policy, such complaints must involve issues broader than concern about a specific institutional action or a specific team; it must state clearly the nature of the complaint, and it must be signed. The Executive Director responds to each complaint and reports regularly to the Executive Committee and the Board of Trustees on the nature and disposition of complaints. The Executive Director also compiles an annual report that summarizes the complaints and their disposition, which is made available to the public on request.

☐ **Relations with Governmental Agencies**

By law, the U.S. Department of Education (USDE) relies in part on accrediting agencies to determine eligibility for U.S. government assistance under certain legislation. USDE oversees a recognition program by which it determines reliable authorities on the quality of educational institutions and programs. The Commission is among these governmentally recognized authorities and seeks renewal of USDE recognition at least every five years. The most recent review of the Commission by the USDE was conducted in 1998, when the Secretary of Education continued recognition of the Commission until 2003.

To be recognized, the Commission must agreed to do certain things required by law and the USDE. This includes holding to a schedule of reporting to USDE and to state agencies as well as including review of the record of the institution's relationship with the Department in evaluation processes.

The Commission also maintains communications and discussions with officers of state coordinating and governing boards to clarify the functions and concerns of the Commission with respect to its affiliated institutions affected by these types of boards.

☐ The Commission Staff and Services

The Commission and its staff provide a number of services for institutions and the broader public.

- *Commission staff liaison.* Each institution affiliated with the Commission is assigned to a member of the Commission's professional staff. This staff member serves as the institution's resource person and liaison with the Commission. This relationship is particularly important when an institution is preparing for evaluation for initial or continued candidacy or accreditation. It should be clearly understood, however, that staff members do not make candidacy or accreditation decisions or recommendations. Staff liaisons may work with as many as 200 institutions of all types and in every state of the region.

  Institutional representatives are welcome to visit the Commission's office in Chicago to meet with their staff liaison; Commission staff also visit institutions on request. Institutions preparing for evaluation of any kind should communicate with their staff liaison. Although not all institutional changes require Commission action, it is essential that an institution contact the staff liaison whenever it considers a change that might affect its status with the Commission (see Chapter 12).

  The Commission staff liaison reviews the institution's self-study plan, provides counsel about ways to integrate the self-study process for Commission evaluation with an institution's ongoing evaluation and planning programs, develops a proposed team for the evaluation visit, and reviews the draft of the institution's Self-Study Report.

- *Commission office services.* A full-time staff member in the Commission's Chicago office responds to inquiries and provides assistance to institutions, Evaluation Teams, other agencies, and the public. The Commission maintains a small library of self-studies available for review by affiliated institutions.

  To assist in communication, the Commission maintains a web page, e-mail addresses for all staff members, a WATS line, an 800 toll-free line, and fax capability. The web site is designed to be accessible using any major web browser on any platform, and it provides information about the Commission, its staff, and its policies for affiliated institutions and the general public. Many of the Commission's forms are available electronically. Separate resource areas are being developed for and used by such groups as Consultant-Evaluators, Self-Study Coordinators, and Assessment Coordinators. See Appendix F for Commission office information and the Commission staff roster.

- *The Annual Meeting.* The Annual Meeting, held in Chicago in early spring, features an extensive program on self-study, evaluation, and institutional improvement. It is an important gathering time for all affiliated institutions, Consultant-Evaluators, and representatives of related higher education agencies to consider current issues. The meeting is characterized by the sharing of information among institutions. It provides an excellent opportunity to establish networks with others facing similar challenges. In addition, in each of the past several years the Commission has offered major tracks on assessment of student academic achievement and academic quality improvement. In 2000, the Commission added an Exhibit Hall to the meeting. The meeting also includes a track for nonaffiliated institutions to become familiar with the Commission's expectations and practices. Approximately 3,000 faculty and administrators from a wide variety of higher education institutions attend the Commission's program at the Annual Meeting.

  One- and two-year reminder letters about forthcoming evaluations encourage institutions to send representatives to the Annual Meeting. Many sessions provide guidance about various elements of the self-study and

accreditation processes, an opportunity to review Commission policies and procedures and to examine sample Self-Study Reports, and a chance to exchange information and ideas with people from other institutions who are or have recently been engaged in self-study.

The Annual Meeting is open to all persons interested in self-study and institutional improvement; it is particularly useful for Self-Study Coordinators, Steering Committee members, executive officers, and trustees of institutions scheduled for evaluations in the next several years. Program information and registration materials are distributed widely to member institutions, Consultant-Evaluators, and others in late fall.

- *Commission publications.* The Commission's primary means of providing information about its work is through its publications. A Handbook of Accreditation informs institutions and evaluators about Commission policies, procedures, and processes. It is not an exhaustive reference, but rather serves as a general guide to be supplemented by the other tools, such as good practice statements, worksheets, and staff papers, as well as pilot projects and updates. The Commission is expanding its distribution of such reference materials in CD-ROM form as well as on its web site. The Commission's full policy manual is published on its web site.

  The "Exchanges" newsletter is published and distributed to all CEOs following each board meeting. The "Briefing" newsletter, published three times a year, provides information on current developments. One outcome of the Annual Meeting program is the annual publication, *A Collection of Papers on Self-Study and Institutional Improvement,* which offers a wealth of valuable information from the perspective of affiliated institutions. See Appendix H or the Commission's web site for a list of Commission publications.

ADDITIONS AND REVISIONS

Chapter 2
Affiliation with the Commission

The following new policy is added to page 10. It captures in policy what has been done in practice.

COMMISSION DENIAL OF AFFILIATION (policy I.B.4.c)

The board of trustees may deny candidacy or accreditation to an institution when a visiting team or review committee recommends that such affiliation be denied. The board provides the institution and makes available to the public the rationale for the decision. Since an institution denied candidacy or accreditation with the Commission may appeal the decision, the public notice of the denial also includes clear reference to the options available to the institution.

The following policies replace the section on page 11. (Also referred to in Chapter 6, page 96, and in Chapter 10, page 136)

APPEALS BODY AND APPEALS PANEL (policy I.B.5.d)

The Appeals Body consists of ten persons selected by the Institutional Actions Council in keeping with the Board's commitments to diversity and public involvement. From the Appeals Body, the Executive Director establishes an Appeals Panel of five persons. Members of the Panel shall have no apparent conflict of interest that will prevent their fair and objective consideration of the appeal. The Panel shall convene on a date no later than 16 weeks after the Board decision under appeal. At least one representative of the public shall serve on each Panel. Where necessary to avoid conflict of interest or in other exceptional circumstances, the Executive Director may in consultation with the institution select individuals outside the Appeals Body as Panel members. The Executive Director will designate one member of the Panel as the chair. The Executive Director shall notify the institution of the individuals selected for the Panel and shall afford the institution the opportunity to present objections regarding conflict of interest; the Executive Director reserves final responsibility and authority for setting all Appeals Panels.

Grounds for Appeal (policy I.B.5.d.1)

An institution may appeal a Board of Trustee decision that denies or withdraws accreditation or candidacy. The grounds for such an appeal shall be (a) that the Board's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which the Board took action; or (b) that the procedures used to reach the decision were contrary to the Commission's By-laws, Handbook of Accreditation, or other established policies and practices then in effect and that such procedural error prejudiced the Board's consideration.

Appeal Process (policy I.B.5d.2)

The Appeals Process consists of the following documents, timetables, and procedures:

- **Necessary Documents**

  Letter of Intent: filed by the institution within two weeks of receipt of the official letter from the Commission.

  Appeal: filed by the institution with the Commission within four weeks of receipt of the official letter from the Commission

  Commission response: filed by the Commission with the institution within two weeks of receipt of the Appeal. All documents will be forwarded by the Executive Director to the Appeals Panel at least ten

working days before the Appeal hearing. Any further information to be forwarded to the Appeals Panel must be received by the Executive Director at least one week before the hearing.

- **Hearing:** conducted by the Appeals Panel at a site and time set by the Executive Director after consultation with the institution. A transcription of the hearing, arranged for by the Executive Director, will be made. Each party may have legal counsel present to advise and, when recognized by the Chair, to speak.

- **Findings:** the Appeals Panel may either affirm the Board of Trustees' action or refer the action back to the Board of Trustees for review and reconsideration. The Appeals Panel will inform the institution and the Board of the findings of the hearing in writing within two weeks of the hearing. The action of the Board after a review and reconsideration recommendation is final and may not be appealed further.

The following are new policies under "Sanctions" on pp. 13-14.

INSTITUTION PLACED ON NOTICE (policy I.B.4.a)

The board of trustees, at the recommendation of (1) a comprehensive or focused visit team, (2) a Review Committee, or (3) the Executive Director, may *place on notice* an institution that is pursuing a course of action that, if continued, could lead the institution to be in jeopardy of no longer meeting one or more General Institutional Requirements or Criteria for Accreditation. A team recommendation to *place on notice* is automatically referred to a Review Committee. In placing an institution on notice the board identified in the institution's Statement of Affiliation Status (1) the specific conditions that led to the institution being placed on notice and (2) a due date, typically one year but not to exceed two years, from the date of the action placing the institution on notice, for a written report on the corrective measures taken. The board's decision to remove an institution from notice or to move an institution to probation when the institution's response and actions are judged to be insufficient will be made upon the recommendation of the Executive Director based on the institution's report. The Statement of Affiliation Status of an institution on notice is available from the Commission after the institution has been officially notified in writing that it has been *place on notice*. An institution on notice must disclose this information whenever an interested party inquires about the institution's accredited status.

SHOW-CAUSE ORDER (policy I.B.4.c)

The board of trustees may require an institution to *show-cause*, within a limited period of time not to exceed one year, as to why its accreditation should not be removed. The board will explain the reasons for its decision in a *show-cause order*. The show-cause order will require that an institution (1) present its case for continued accreditation by means of a report, known as a Show-Cause Report, that provides substantive evidence that the institution continues to meet each of the General Institutional Requirements and Criteria for Accreditation and (2) host an on-site evaluation team to validate the report. The on-site team will produce a report and recommendation for consideration by the board. Only the board may issue a *show-cause order*, and only the board may find that the show-cause order has been addressed, and that accreditation will not be removed. The institution retains its accreditation during the show-cause period, but the *show-cause order* is public. The Statement of Affiliation Status of an institution under a *show-cause order* is available from the Commission after the institution has been officially notified in writing of the order. An institution notified that it must meet a *show-cause order* must disclose this information whenever an interested party inquires about the institution's accredited status.

The following change affects the section on ***Probation*** *that appears on page 14.*

The Board of Trustees at its February 1998 meeting voted to limit probation to two years (policy 1.B.4.b).

ADDITIONS AND REVISIONS

Chapter 3
The General Institutional Requirements

The following is an update to the note under explication of General Institutional Requirement 17 on page 25.

TRANSFER OF CREDIT (policy I.C.6)

Each institution determines its own policies and procedures for accepting transfer credits, including credits from accredited and non-accredited institutions, from non-U.S. institutions, and from institutions that grant credit for experiential learning and for adult learner programs. An institution's periodic review of its transfer policies and procedures should include evaluation of their clarity to those who administer them, to the students who follow them, and to employers and other stakeholders. It should also include the consistency of their interpretation and application throughout the institution, and their responsiveness to new types of learning opportunities outside institutions of higher education.

A statement of good practice on transfer appears on page 11.

The following addition was made to GIR 22, which appears on page 26.

PUBLIC INFORMATION

22. Its catalog or other official published documents includes its mission statement along with accurate descriptions of
    - its educational programs and degree requirements;
    - **its academic calendars;**
    - its learning resources;
    - its admissions policies and practices;
    - its academic and non-academic policies and procedures directly affecting students;
    - its charges and refund policies; and
    - the academic credentials of its faculty and administrators.

The following excerpt from the Council for Higher Education Accreditation (CHEA) publication, "A Statement to the Community: Transfer and the Public Interest," November 2000, supplements the Commission's policy on transfer. The full text of the "Statement" is available from CHEA, www.chea.org.

Good Practice on Transfer

Making Transfer Decisions: Roles and Responsibilities to Assure Quality

Institutions, accreditors and national higher education associations play significant roles and sustain important responsibilities in the transfer process. Each has responsibilities with regard to quality assurance and fairness.

☐ ***The Role and Responsibilities of Institutions.*** Colleges and universities are ultimately responsible for decisions about the admission of transfer students and the acceptance or non-acceptance of credits earned elsewhere. Typically, academic faculty and student affairs professionals (working within the framework of faculty rules and standards) determine the transferability of courses and programs. Institutions must balance responsiveness to students' preferences about transfer with institutional commitment to the value and quality of degrees or other credentials.

☐ ***The Role and Responsibilities of Accreditors.*** Institutional (national and regional) accreditors have policies and standards that, in turn, call on institutions and programs to develop and maintain clear transfer policy and practices. Accreditors have expectations, for example, that degree requirements for native students be consistent with those that apply to transfer students. Specialized (programmatic) accreditors often have policies or standards to address transfer, with particular attention to admission practices and assuring equitable treatment for transfer students.

Accreditors are responsible for assuring that institutional transfer practices are consistent with accreditation standards and policies on transfer. They are responsible for maintaining effective communication among accrediting organizations as a means to meet students' needs in the transfer process while also sustaining quality.

☐ ***The Role and Responsibilities of National Higher Education Associations.*** For many years, institutions and accreditors have based their scrutiny of transfer primarily on three criteria contained in the 1978 Joint Statement on Transfer and Award of Academic Credit developed by three national higher education associations. These criteria are:

- the educational quality of the sending institution;
- the comparability of credit to be transferred to the receiving institutions; and
- the appropriateness and the applicability of the credit in relation to the programs offered by the receiving institution.

National higher education associations lead the ongoing national conversation about transfer. They work with agencies of the federal government to address transfer issues that reach the level of national public policy, and they provide a national voice for assuring that students are well served by transfer practices that meet students' needs while also sustaining the quality of the system itself.

Criteria for Transfer Decisions

CHEA believes that the three criteria of quality, comparability, and appropriateness and applicability offered in the 1978 Joint Statement remain central to assuring quality in transfer decision-making. The following additional criteria expand this list and are offered to assist institutions, accreditors and higher education associations in future transfer decisions. These criteria are intended to sustain academic quality in an environment of more varied transfer, assure consistency of transfer practice and encourage appropriate accountability about transfer policy and practice.

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- ***Balance in the Use of Accreditation Status in Transfer Decisions.*** Institutions and accreditors need to assure that transfer decisions are not made solely on the source of accreditation of a sending program or institution. While acknowledging that accreditation is an important factor, CHEA believes that receiving institutions ought to make clear their institutional reasons for accepting or not accepting credits that students seek to transfer. Students should have reasonable explanations about how work offered for credit is or is not of sufficient quality when compared with the receiving institution and how work is or is not comparable with curricula and standards to meet degree requirements of the receiving institution.

- ***Consistency.*** Institutions and accreditors need to reaffirm that the considerations that inform transfer decisions are applied consistently in the context of changing student attendance patterns (students likely to engage in more transfer) and emerging new providers of higher education (new sources of credit and experience to be evaluated). New providers and new attendance patterns increase the number and type of transfer issues that institutions will address–making consistency even more important in the future.

- ***Accountability for Effective Public Communication.*** Institutions and accreditors need to assure that students and the public are fully and accurately informed about their respective transfer policies and practices. The public has a significant interest in higher education's effective management of transfer, especially in an environment of expanding access and mobility. Public funding is routinely provided to colleges and universities. This funding is accompanied by public expectations that the transfer process is built on a strong commitment to fairness and efficiency.

- ***Commitment to Address Innovation.*** Institutions and accreditors need to be flexible and open in considering alternative approaches to managing transfer when these approaches will benefit students. Distance learning and other applications of technology generate alternative approaches to many functions of colleges and universities. Transfer is inevitable among these.

Finally, CHEA is committed to working with other national higher education associations to convene a group of higher education leaders to address emerging issues for transfer and to develop additional tools and sound practices that can assist institutions as they manage transfer. This national conversation should include attention to how higher education's future will differ from its past and, above all, our responsibilities to students in an increasingly mobile, fast-paced and international environment.

Approved by CHEA Board of Directors, September 25, 2000.

Endorsed by the Board of Trustees of The Higher Learning Commission, November 10, 2000.

ADDITIONS AND REVISIONS

Chapter 4
The Criteria for Accreditation

In 1998 the Board adopted two additions to the list of evidence under Criterion Three. Both new patterns relate to graduate education. In 2001 the Board revised a pattern under Criterion Three and added one under Criterion Five. The full text of the Criteria is reprinted here for convenience. The new and revised patterns appear in bold. This text replaces pp. 50-51.

ACCREDITATION (policy I.A.1a)

The Commission's evaluation for accreditation, either initial or continuing, seeks to ascertain that an institution of higher education meets the following:

1. The General Institutional Requirements as adopted by the Commission.

2. The following five Criteria for Accreditation:

   CRITERION ONE: The institution has clear and publicly stated purposes consistent with its mission and appropriate to an institution of higher education.

   In determining appropriate patterns of evidence for the criterion, the Commission considers evidence such as:

   a. long- and short-range institutional and educational goals.

   b. processes, involving its constituencies, through which the institution evaluates its purposes.

   c. decision-making processes appropriate to its stated mission and purposes.

   d. understanding of the stated purposes by institutional constituencies.

   e. efforts to keep the public informed of its institutional and educational goals through documents such as the catalog and program brochures.

   f. support for freedom of inquiry for faculty and students.

   g. institutional commitment to excellence in both the teaching provided by faculty and the learning expected of students.

   CRITERION TWO: The institution has effectively organized the human, financial, and physical resources necessary to accomplish its purposes.

   In determining appropriate patterns of evidence for the criterion, the Commission considers evidence such as:

   a. governance by a board consisting of informed people who understand their responsibilities, function in accordance with stated board policies, and have the resolve necessary to preserve the institution's integrity.

   b. effective administration through well-defined and understood organizational structures, policies, and procedures.

   c. qualified and experienced administrative personnel who oversee institutional activities and exercise appropriate responsibility for them.

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d. systems of governance that provide dependable information to the institution's constituencies and, as appropriate, involve them in the decision-making processes.

e. faculty with educational credentials that testify to appropriate preparation for the courses they teach.

f. a sufficient number of students enrolled to meet the institution's stated educational purposes.

g. provision of services that afford all admitted students the opportunity to succeed.

h. a physical plant that supports effective teaching and learning.

i. conscientious efforts to provide students with a safe and healthy environment.

j. academic resources and equipment (e.g., libraries, electronic services and products, learning resource centers, laboratories and studios, computers) adequate to support the institution's purposes.

k. a pattern of financial expenditures that shows the commitment to provide both the environment and the human resources necessary for effective teaching and learning.

l. management of financial resources to maximize the institution's capability to meet its purposes.

CRITERION THREE: The institution is accomplishing its educational and other purposes.

In determining appropriate patterns of evidence for the criterion, the Commission considers evidence such as:

a. educational programs appropriate to an institution of higher education:

- courses of study in the academic programs that are clearly defined, coherent, and intellectually rigorous;
- programs that include courses and/or activities whose purpose is to stimulate the examination and understanding of personal, social, and civic values;
- programs that require of the faculty and students (as appropriate to the level of the educational program) the use of scholarship and/or the participation in research as part of the programs;
- programs that require intellectual interaction between student and faculty and encourage it between student and student.

b. assessment of appropriate student academic achievement in all its programs, documenting:

- proficiency in skills and competencies essential for all college-educated adults;
- completion of an identifiable and coherent undergraduate level general education component;
- mastery of the level of knowledge appropriate to the degree granted; and
- **control by the institution's faculty of evaluation of student learning and granting of academic credit.**

c. graduate programs that:

- distinguish clearly graduate from undergraduate offerings;
- expect students and faculty to value and engage in research, scholarship, and creative activity;

- **restrict graduate academic credit for prior learning to credit validated by examination, credit based on documented faculty evaluation of a portfolio of original work products, or credit awarded by an institution of higher education either affiliated with a recognized U.S. accrediting association or approved by an appropriate national ministry of education;**

- are approved, taught, and evaluated by a graduate faculty that possesses appropriate credentials and experience;

- use results of regular internal and external peer review processes to ensure quality.

d. faculty have and exercise responsibility for determining the institution's award of academic credit.

e. effective teaching that characterizes its courses and academic programs.

f. ongoing support for professional development for faculty, staff, and administrators.

g. student services that effectively support the institution's purposes.

h. staff and faculty service that contributes to the institution's effectiveness.

i. if appropriate:

- evidence of support for the stated commitment to basic and applied research through provision of sufficient human, financial, and physical resources to produce effective research;

- evidence of support for the stated commitment to the fine and creative arts through provision of sufficient human, financial, and physical resources to produce creative endeavors and activities;

- evidence of effective delivery of educational and other services to its community;

- evidence of development and offering of effective courses and programs to meet the needs of its sponsoring organization and other special constituencies.

CRITERION FOUR: The institution can continue to accomplish its purposes and strengthen its educational effectiveness.

In determining appropriate patterns of evidence for the criterion, the Commission considers evidence such as:

a. a current resource base—financial, physical, and human—that positions the institution for the future.

b. decision-making processes with tested capability of responding effectively to anticipated and unanticipated challenges to the institution.

c. structured assessment processes that are continuous, that involve a variety of institutional constituencies, and that provide meaningful and useful information to the planning processes as well as to students, faculty, and administration.

d. plans as well as ongoing, effective planning processes necessary to the institution's continuance.

e. resources organized and allocated to support its plans for strengthening both the institution and its programs.

CRITERION FIVE: The institution demonstrates integrity in its practices and relationships.

In determining appropriate patterns of evidence for the criterion, the Commission considers evidence such as:

a. student, faculty, and staff handbooks that describe various institutional relationships with those constituencies, including appropriate grievance procedures.

b. policies and practices for the resolution of internal disputes within the institution's constituency.

c. policies and practices consistent with its mission related to equity of treatment, non-discrimination, affirmative action, and other means of enhancing access to education and the building of a diverse educational community.

d. transcripts that follow commonly accepted practices and accurately reflect a student's academic experience.

e. institutional publications, statements, and advertising that describe accurately and fairly the institution, its operations, and its programs.

f. relationships with other institutions of higher education conducted ethically and responsibly.

g. appropriate support for resources shared with other institutions.

h. policies and procedures regarding institutional relationships with and responsibility for intercollegiate athletics, student associations, and subsidiary or related business enterprises.

i. oversight processes for monitoring contractual arrangements with government, industry, and other organizations.

The board of trustees can add to, delete, and revise the lists of evidence after publishing notice of the proposed changes. Any changes to the stated criteria must be circulated to the membership for comment before final approval by the board.

Institutions must have accreditation reaffirmed not later than five years following initial accreditation, and not later than ten years following a reaffirmation. The time for reaffirmation is made a part of the accreditation decision, but may be changed if the institution experiences or plans changes.

The judgment that the institution meets the criteria is based on detailed information about all parts of the institution summarized in the self-study report and other institutional documents, and in the written report of the visiting team. If the institution has graduated its first class not more than one year before the Commission's evaluation, the effective date of accreditation will be the date of the graduation of the first class.

The following policy revision reflects a change in a long-standing Commission practice with respect to policies and guidelines of other agencies. This text replaces information on page 59.

USE OF POLICIES OF OTHER AGENCIES (policy III.C.3)

Policies and guidelines developed by other agencies might well define or inform generally accepted practices in institutions of higher education. In acknowledging the policies and guidelines developed by other agencies, the Commission encourages institutions and Consultant-Evaluators to be knowledgeable about them. In adopting such policies and guidelines, the Commission gives them the force of Commission policy.

The following is a new Chapter Reference for Chapter 4—insert after page 67. It provides an important new tool for institutions and Consultant-Evaluators.

Chapter Reference A

ASSESSMENT OF STUDENT ACADEMIC ACHIEVEMENT: LEVELS OF IMPLEMENTATION

Updated: March 1, 2002

INTRODUCTION

Levels of Implementation is a tool (1) to assist institutions in understanding and strengthening their programs for assessment of student academic achievement and (2) to provide evaluation teams with some useful characteristics, or descriptors, of progress to inform their consultation and their recommendations related to those programs.

The clusters of characteristics contained in *Levels of Implementation* emerge from rigorously applied research analysis of content found in team reports, the source of Consultant-Evaluators' discussion of assessment at scores of institutions. The term, *Levels of Implementation,* as used in this document, is to be understood as being descriptive and not definitive. Therefore, the levels provide markers of the progress institutions have made in developing their assessment programs. **As institutions and teams use *Levels of Implementation,* it is unlikely they will find any assessment program exhibiting all of the characteristics associated with a particular level at any given time. Moreover, not every assessment program will progress through each level and characteristic before it becomes an effective, ongoing system of processes that results in the continuous improvement of student learning. The Commission's research continues, and as its learning grows, these characteristics will be modified and updated.**

Instead of a structured, uniform set of levels of implementation of assessment, the complexity of the *Levels of Implementation* indicates fluid and dynamic patterns of characteristics. **The patterns of characteristics across the levels are fluid because within any one institution, different individual units may exhibit characteristics that cut across two or even all three levels. They are dynamic because the goal of assessment is continual improvement of student learning not completion of items on a checklist. Clearly, though, there is a basic assumption that the characteristics are cumulative in nature. That is, not all of the characteristics of Level Two are restated in Level Three, but it is assumed that most of them continue.**

INSTITUTIONS

Institutions should find *Levels of Implementation* useful. Colleges and universities may find it informative to compare their own assessment program against the patterns of characteristics provided for each level. This gives them a way of evaluating their progress in implementing their assessment plans. *Levels of Implementation* does not provide a perfect continuum for each pattern of characteristics, but institutions may find it helpful to use the characteristics of the levels to get a sense of where they were one, two, or three years earlier and where they are today. Colleges or universities that have been unable to move their assessment programs forward can compare the characteristics of the level at which they judge their assessment program to be with those of the next higher level, identifying what changes they wish to make for the program to move forward. They can then create action plans to accelerate their progress. Institutions may also find *Levels of Implementation* to be a means of confirming that their assessment programs exhibit characteristics that indicate they are successfully implementing their assessment program. Institutions might choose to include in their self-study documents the evaluation of their assessment programs derived from the use of this tool.

EVALUATION TEAMS

Evaluation teams may find *Levels of Implementation* a useful resource in suggesting the types and range of questions that might be asked about the progress an institution and each of its academic programs is making in assessing and

improving student learning. Use of *Levels of Implementation* by all teams in evaluating assessment programs of institutions should promote consistency across teams in the advice they give and, if appropriate, the ongoing monitoring by the Commission that they recommend.

As a team reviews an institution's progress in assessment, it needs to consider its basic obligations.

- No matter the level of the institution's implementation of assessment, the team needs to **give the institution the best consulting advice possible**.
- No matter the level of the institution's implementation of assessment, the team needs to **recognize the accomplishments** made by the institution in implementing an effective assessment program.
- To **determine the appropriateness of Commission followup**, the team is well advised to limit that followup to these specific situations:

    1. Call for a focused visit when the predominant pattern of characteristics locates the institution at Level One (Beginning Implementation) and the team finds little evidence that the institution is progressing beyond this point.
    2. Call for a monitoring report (within 3 years) when the predominant pattern of characteristics locates the institution at Level One (Beginning Implementation) yet the team finds evidence that the institution is materially strengthening its assessment program.
    3. Call for a progress report when an institution appears not to be using or lacks the capacity to use data from the assessment program to improve its academic programs and enhance effective student learning.

March 2000
Revised: March 1, 2001
Revised: March 1, 2002

I. INSTITUTIONAL CULTURE: a. Collective / Shared Values

Beginning Implementation of Assessment Programs

LEVEL ONE

– Collective / Shared Values –

- A shared understanding of the purposes, advantages, and limitations of assessment has not evolved or is just emerging.
- There is not an institution-wide understanding of the strategies to be used in conducting an effective assessment program.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Collective / Shared Values –

- A shared understanding of the purposes, advantages, and limitations of assessment exists and is broadening to include areas beyond the instructional division.
- Student learning and assessment of student academic achievement are valued across the institution, departments, and programs.
- Some but not all academic programs have developed statements of purpose and educational goals that reflect the institutional mission and specifically mention the department's focus on improving student learning, and the importance they attribute to assessing student learning as a means to that end.
- The institution has yet to extend its assessment program to include all of its academic programs.
- Assessment of general education skills, competencies, and capacities is progressing but has not been fully implemented or was begun but has stalled.

Maturing Stages of Continuous Improvement

LEVEL THREE

– Collective / Shared Values –

- Assessment has become an institutional priority, a way of life.
- Students, faculty, and staff view assessment activities as a part of the institution's culture and as a resource and tool to be used in improving student learning at all degree and program levels.
- Academic units and programs consider assessment of student learning to be integral to their educational operations.
- Assessment of student learning is an integral component of each academic program offered by the institution, including distance learning, and non-traditional, off-campus, and adult degree programs.
- Academic units and programs regard assessment findings as a source of knowledge essential for continuous improvement in instruction and program offerings.
- Institutional decisions are tied to assessment results.

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I. INSTITUTIONAL CULTURE: b. Mission

Beginning Implementation of Assessment Programs

LEVEL ONE

– Mission –

- Neither the institutional statements of Mission or Purposes nor statements of educational goals includes wording about student learning.
- The statement of departmental purposes and the statement of educational goals of some or all academic units do not show an easily identifiable relationship to the institutional mission and goals.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Mission –

- The institutional statements of Mission or Purposes or statement of educational goals indicate the value the institution places upon student learning.
- Some but not all of the institution's assessment efforts are recognizably expressive of the sentiments about the importance of assessing and improving student learning found in the Mission and Purposes statements.

Maturing Stages of Continuous Improvement

LEVEL THREE

– Mission –

- The characteristics described in Level Two are continued, sustained, and where appropriate, enhanced.
- Every academic program has a published statement of its purpose and educational goals, developed by the academic unit's faculty, which reflects the institution's Mission and Purposes statements, including those portions directly focused on assessing and improving student learning.
- The assessment program materials developed at the institutional level reflect the emphasis of the Mission and Purposes statements on the importance of identifying learning expectations, on determining the outcomes of assessing student learning across academic programs, and on using assessment results to improve student learning.

II. SHARED RESPONSIBILITY: a. Faculty

Beginning Implementation of Assessment Programs

LEVEL ONE

– Faculty –

- Only a few academic departments or programs have described measurable objectives for each of their educational goals.
- Most academic programs have not identified and used direct measures of student learning.
- Programmatic or departmental faculty members depend excusively on indirect measures of learning.
- A few academic units have begun to expand assessment activities beyond teacher evaluation of student learning and grades awarded in courses.
- Faculty and staff are questioning the efficacy of the assessment program, and their buy-in to date is minimal.
- Quantitative and qualitative measures are not aligned with academic program goals and objectives.
- Assessment of student learning is limited to those programs whose professional agencies mandate it.
- Many programmatic or departmental faculty are not engaged in assessment activities that get to the core of measuring student learning outcomes.
- A substantial number of faculty members across the institution do not differentiate between grading in individual courses and the broader measurement of student outcomes across an academic program.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Faculty –

- Faculty in many or most departments have developed measurable objectives for each of the program's educational goals.
- Faculty members are taking responsibility for ensuring that direct and indirect measures of student learning are aligned with the program's educational goals and measurable objectives.
- The Faculty Senate, Assessment Committee, Curriculum Committee, other faculty bodies, and individual faculty leaders accept responsibility for becoming knowledgeable and remaining current in the field of assessment.
- Faculty members are becoming knowledgeable about the assessment program, its structures, components, and timetable.
- Faculty members are learning the vocabulary and practices used in effective assessment activities and are increasingly contributing to assessment discussions and activities.
- After receiving assessment data, faculty members are working to "close the feedback loop" by reviewing assessment information and identifying areas of strength and areas for possible improvement of student learning.
- Groups of faculty identified by the institution receive assessment reports and provide suggestions and recommendations to appropriate constituencies.

Maturing Stages of Continuous Improvement

LEVEL THREE

– Faculty –

- All of the characteristics described in Level Two are continued, sustained, and where appropriate, enhanced.
- Faculty members engage in effective assessment practices.
- Faculty members routinely collaborate to determine appropriate measures for publicly stated goals, objectives, and intended outcomes and to justify and recommend improvements based on corresponding results.
- Faculty members speak both publicly and privately in support of assessment.
- Faculty members systematically educate persons unfamiliar with institutional and departmental assessment programs about their value.
- Faculty members continually explore the uses of assessment in the context of research on learning theories, constructing vs. acquiring knowledge, and active learning strategies.
- Faculty members routinely link their assessment findings to decision making and instructional and program improvement.

II. SHARED RESPONSIBILITY: b. Administration and Board

Beginning Implementation of Assessment Programs

LEVEL ONE

– Administration and Board –

- Concerns about the assessment plan identified in the last Evaluation Team's Report and/or the APR review (assessment panel review) have not been addressed or not adequately addressed.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Administration and Board –

- The Board, the CEO, and the executive officers of the institution express their understanding of the meaning, goals, characteristics, and value of the assessment program, verbally and in written communication.
- The CAO has oversight responsibility for the ongoing operation of the assessment program and for promoting the use of assessment results to effect desired improvements in student learning, performance, development, and achievement.
- The CAO arranges for awards and public recognition to individuals, groups, and academic units making noteworthy progress in assessing and improving student learning.
- Deans, directors, and other academic officers demonstrate their commitment to the assessment program by informing senior administrators about assessment results and needs to make improvements in instruction, staffing, curriculum, and student and academic services.
- Unit heads devise strategies to ensure that their academic departments/programs implement the assessment plans they developed or develop them more fully.

Maturing Stages of Continuous Improvement

LEVEL THREE

– Administration and Board –

- All of the characteristics described in Level Two are continued, sustained, and where appropriate, enhanced.
- Board members routinely champion institutional and other improvement efforts that are based on assessment findings.
- Board members advocate the continual improvement of student learning as an institutional priority.
- Senior administrators annually provide resources for the assessment program and provide additional resources necessary to enhance assessment practices and improve faculty's understanding of assessment principles and use of assessment results.
- Senior administrators routinely authorize various campus offices (e.g., institutional research) to provide the support services needed to carry out the assessment programs.
- Senior administrators regularly provide resources for special projects to enhance the assessment program (e.g., pilot projects, summer stipends, departmental grants, and support for assessment symposia).

II. SHARED RESPONSIBILITY: c. Students

Beginning Implementation of Assessment Programs

LEVEL ONE

– Students –

- Students know little or nothing about the assessment program. They do not understand how it will be carried out, their role in its success, or how it could be useful to them and future cohorts of students.
- Prospective and incoming students are provided with few or no explicit public statements regarding the institution's expectations for student learning and the student's role and responsibility in that effort.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Students –

- Students are becoming knowledgeable about the institution's assessment program.
- There is student representation (undergraduate and graduate, as appropriate) on the assessment committees organized within the institution.
- The institution effectively communicates with students about the purposes of assessment at the institution and their roles in the assessment program.

Maturing Stages of Continuous Improvement

LEVEL THREE

– Students –

- Throughout their academic programs, students are provided formal occasions to reflect upon their academic work and express their thoughts, in verbal and written forms, about the levels of success they think they have experienced in achieving the learning outcomes identified and expected by faculty.
- Students are regularly required to present verbal and written explanations of how work products they have selected demonstrate attainment of publicly stated goals and objectives for their learning.
- Student leaders educate their peers about the assessment program through conversations, public presentations, and/or articles in the student newspaper.
- Students routinely participate in discussions with the unit faculty about improvements that might be made in areas of learning where assessment results indicate a need for strengthening.

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III. INSTITUTIONAL SUPPORT: a. Resources

Beginning Implementation of Assessment Programs

LEVEL ONE

– Resources –

- The institution has not designated funds in its operating budget to support a comprehensive assessment program.
- The institution does not understand or clarify the difference between the evaluation of resources and processes and the assessment of student learning.
- Sufficient resources have yet to be allocated in the annual E&G operations budget to operate and sustain a comprehensive assessment program.
- The institution does not protect the assessment program from the funding vicissitudes of particular schools, colleges, and units.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Resources –

- The CEO and CAO annually negotiate a budget for the assessment program sufficient to provide the technological support, physical facilities, and space needed to sustain a viable assessment program and to make professional development opportunities available.
- In institutions without an Office of Institutional Research (OIR), knowledgeable staff and/or faculty members are given release time or additional compensation to provide these services.
- Unit heads endorse the use of departmental funds for professional development in assessment, for faculty release time, and other expenses associated with the department's assessment activities and initiatives based on assessment findings intended to improve student learning.
- Resources are made available to support assessment committees seeking to develop skills in assessing student learning.
- Resources are made available to departments seeking to implement their assessment programs and to test changes intended to improve student learning.
- The institution provides resources to support an annual assessment reporting cycle and its feedback processes.
- Assessment information sources such as an assessment newsletter and/or an assessment resource manual are made available to faculty to provide them with key assessment principles, concepts, models, and procedures.

Maturing Stages of Continuous Improvement

LEVEL THREE

– Resources –

- All of the characteristics described in Level Two are continued, sustained, and where appropriate, enhanced.
- A budget line has been established and sufficient resources are allocated in the annual E&G operations budget to sustain a comprehensive assessment program.
- Funds are available and sufficient to support consultation, workshops, and professional development for faculty in the area of assessment of student learning.
- The Assessment Committee solicits proposals and awards funding for programmatic and departmental assessment activities and initiatives.
- Individuals who have administrative assignments (including deans and department heads) are given the responsibility and authority to use budgeted resources to support academic changes based on assessment findings.

III. INSTITUTIONAL SUPPORT: b. Structures

Beginning Implementation of Assessment Programs

LEVEL ONE

– Structures –

- The structure of the assessment program is beginning to take shape.
- There is little or no infrastructure to support the institution's assessment program.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Structures –

- There is an organizational chart and an annual calendar of the implementation of the assessment program.
- The assessment program is provided with a Coordinator/Director who reports directly to the CAO.
- The CEO or CAO has established a standing Assessment Committee, typically comprised of faculty, academic administrators, and representatives of the OIR and student government.
- The administration has enlarged the responsibility of the OIR to include instruction and support to the Assessment Committee, academic unit heads, and academic departmental or program faculty.
- The CAO delegates unit heads sufficient authority and resources to conduct an effective assessment program.
- Unit leaders (department heads) have responsibility for maintaining successful assessment programs as a part of their formal position descriptions.
- Some or many academic units and the Curriculum Committee are requiring that faculty members indicate on the syllabi of previously approved courses and in the proposal for new courses, and for new or revised programs, the measurable objectives for student learning and how student learning will be assessed.

Structures – continued on following page

Maturing Stages of Continuous Improvement

LEVEL THREE

– Structures –

- All of the characteristics described in Level Two are continued, sustained, and where appropriate, enhanced.
- Syllabi for courses being currently offered and all submitted courses and programs state measurable objectives for student learning and provide for the assessment of students' academic achievement.
- The institution maintains a system of data collection that helps sustain an effective assessment program.
- The comprehensive assessment program is evaluated regularly and is modified as necessary for optimal effectiveness.
- Institutional and departmental assessment programs are annually reviewed and annually updated.
- The effectiveness of the changes in curriculum, academic resources, and support services made to improve student learning is evaluated and documented.
- The institution, through its organizational structure, provides financial resources and other support for all aspects of the assessment program, including research and evaluation design, data collection and maintenance, decision making, and consultation services.
- The institution, through its organizational structure, provides on-line access to assessment data for academic departments and programs.

Structures – continued on following page

III. INSTITUTIONAL SUPPORT: b. Structures (continued)

Beginning Implementation of Assessment Programs

LEVEL ONE

Making Progress in Implementing Assessment Programs

LEVEL TWO

Structures – continued from previous page

- Members of the Assessment Committee serve as coaches and facilitators to individuals and departments working to develop or improve their assessment programs and activities.
- The Assessment Committee is working with unit heads and with faculty and student government leaders to develop effective feedback loops so that information (about assessment results and the changes tried where those results suggest improvement is needed) can be shared with all institutional constituencies and used to improve student learning.

Maturing Stages of Continuous Improvement

LEVEL THREE

Structures – continued from previous page

- The institution, through its organizational structure, continually fosters accountability by facilitating the integration of planning and budgeting processes with the results of assessment.
- The institution, through its organizational structure, systematically and routinely links assessment outcomes to the allocation of resources for the improvement of student learning.
- Academic unit heads report annually to the chief academic officer on accomplishments and challenges relating to the unit's assessment program.
- Academic unit heads report annually to the chief academic officer on recommended and implemented changes in the previous year's assessment plan.
- Information about assessment activities and their results is communicated regularly to the campus community.

IV. EFFICACY OF ASSESSMENT

Beginning Implementation of Assessment Programs

LEVEL ONE

– Efficacy –

- Implementation of the assessment program is in its infancy, is progressing at a slower than desired pace, or has stalled.
- There is minimal evidence that the assessment program is stable and will be sustainable.
- Confusion exists regarding the different purposes and relationships among: placement testing, faculty evaluation, program review, institutional effectiveness, and the assessment of student learning.
- Assessment of general education skills, competencies, and capacities has not been implemented or has stalled.
- Reported learner outcomes do not correspond with publicly stated goals and objectives for student learning.
- Few academic programs and departments are collecting, interpreting, or using data about student learning beyond the level of the individual classroom.
- Few if any academic programs are using assessment results to improve student learning.
- The assessment program is not designed to provide useful data, which could impact change.
- The data are being collected but not disseminated to constituencies.

Making Progress in Implementing Assessment Programs

LEVEL TWO

– Efficacy –

- Considerable program-level data about student and program performance are available, but individual units vary widely in the degree to which they are using this information to improve the quality of educational experiences.
- Assessment data are inconsistently used as the basis for making changes across the institution.
- The data the assessment program collects are not useful in guiding effective change.
- Assessment data are being collected and reported but not being used to improve student learning.
- Faculty members are increasingly engaged in interpreting assessment results, discussing their implications, and recommending changes in academic programs and other areas in order to improve student learning.
- Many academic units or programs are collecting, interpreting, and using the results obtained from assessing student learning in general education, in undergraduate majors, and in graduate and professional programs.
- Assessment findings about the state of student learning are beginning to be incorporated into reviews of the academic program and into the self-study of institutional effectiveness.

Efficacy – continued on following page

Maturing Stages of Continuous Improvement

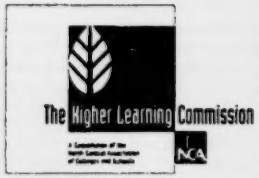
LEVEL THREE

– Efficacy –

- All of the characteristics described in Level Two are continued, sustained, and where appropriate, enhanced.
- Student learning is central to the culture of the institution and finding ways to improve it is ongoing.
- A "culture of evidence" has emerged, sustained by a faculty and administrative commitment to excellent teaching and effective learning.
- Explicit statements regarding the institution's expectations for student learning are widely publicized.
- Programmatic benchmarks are established against which students' learning outcomes are assessed.
- The institution publicly and regularly celebrates demonstrated student learning, performance, and achievement.

IV. EFFICACY OF ASSESSMENT (continued)

Beginning Implementation of Assessment Programs	Making Progress in Implementing Assessment Programs	Maturing Stages of Continuous Improvement
LEVEL ONE	**LEVEL TWO**	**LEVEL THREE**
	– continued from previous page – **– Efficacy –** • The conclusions faculty reach after reviewing the assessment results and the recommendations that they make regarding proposed changes in teaching methods, curriculum, course content, instructional resources, and in academic support services are beginning to be incorporated into regular departmental and/or institutional planning and budgeting processes and included in the determination of the priorities for funding and implementation.	



Levels of Implementation and the Patterns of Characteristics
Analysis Worksheet

Where would you place your institution, division, department, or academic unit (circle focus of your evaluation) on the continuum of assessment program implementation? Using the Patterns of Characteristics as your reference, circle your response for each Pattern of Characteristics and give your reasons.

Patterns	Beginning Implementation Level One			Making Progress in Implementation Level Two			Maturing Stages of Continuous Improvement Level Three			Evidence / Rationale
I. Institutional Culture										
a. Collective / Shared Values	1	2	3	4	5	6	7	8	9	
b. Mission	1	2	3	4	5	6	7	8	9	
II. Shared Responsibility										
a. Faculty	1	2	3	4	5	6	7	8	9	
b. Administration and Board	1	2	3	4	5	6	7	8	9	
c. Students	1	2	3	4	5	6	7	8	9	
III. Institutional Support										
a. Resources	1	2	3	4	5	6	7	8	9	
b. Structures	1	2	3	4	5	6	7	8	9	
IV. Efficacy of Assessment	1	2	3	4	5	6	7	8	9	

Design concept by Richard K. Foral, Nicolet Area Technical College (WI) and Gloria M. Rogers, Rose-Hulman Institute of Technology (IN)

Adapted by Cecilia L. López, Associate Director, The Higher Learning Commission

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The following is a new Chapter Reference for Chapter 4.

Chapter Reference B

PRINCIPLES OF GOOD PRACTICE IN ADULT DEGREE COMPLETION PROGRAMS

These Principles were adopted by the Board of Trustees of the Commission on June 22, 2000.

☐ **Mission**

The *adult degree completion programs* are consistent with and integral to the institution's mission.

☐ **Resources**

Faculty members share a commitment to serve adult learners, bring appropriate credentials to their work assignments, and participate in determining policies that govern *adult degree completion programs.*

Full-time and part-time faculty members who work in *adult degree completion programs* participate in professional development activities that focus on the needs of adult learners.

The institution provides an adequate organizational structure, administrative support, and financial resources to ensure the effectiveness of *adult degree completion programs.*

Adequate institutional resources are committed to the *adult degree completion programs* to ensure quality and appropriate student services.

The institution provides timely and adequate access to the range of student services—including admissions, financial aid, academic advising, delivery of course materials, and counseling and placement services—needed to ensure academic success.

The institution ensures access to learning resources, technology, and facilities to support its *adult degree completion programs.*

☐ **Educational Programs and Other Services**

The *adult degree completion programs* that the institution offers are in subject areas that are consistent with the institution's mission.

The *adult degree completion programs* have clearly stated requirements and outcomes in the areas of the major and general education.

Adult degree completion programs and courses that are offered in distance delivery modalities conform to the *Guidelines for Distance Education* cited in the NCA *Handbook for Accreditation.*

The assessment of student learning outcomes is a standard practice in all *adult degree completion programs* and is linked to program improvement.

The institution uses a variety of acceptable methodologies [e.g., examinations in subject areas; assessment of prior learning using principles advocated by organizations such as the Council for Adult and Experiential Learning (CAEL), the American Council on Education (ACE), the Adult Higher Education Alliance, and the Middle States Commission on Higher Education (MSA/CHE)], and its faculty is trained in how to use and apply these methods.

Multiple measures (portfolio assessment, capstone courses, oral examinations, juried examinations, standardized national exams, locally developed tests, performance on licensure, and certification/professional exams) are used are to assess the learning outcomes of students enrolled in *adult degree completion programs.*

Adult degree completion programs address students' education and career goals at the time of re-entry and throughout the degree completion process in order to assess the learning they will need and to help them reach their goals.

☐ **Planning**

Consideration of *adult degree completion programs* is integrated into the institution's planning and evaluation processes in order to ensure continuous improvement in the offerings.

☐ **Integrity**

The institution has processes in place to ensure that the *adult degree completion programs* it sponsors are offered with integrity and are responsive to learners and the community.

The institution that partners with another organization to deliver an *adult degree completion program* is knowledgeable of the "Good Practices in Contractual Arrangements Involving Courses and Programs" published by the NCA Commission on Institutions of Higher Education and uses the document as a guide in ensuring the integrity of its program.

GUIDELINES FOR ASSESSING PRIOR LEARNING FOR CREDIT*

These Guidelines were adopted by the Board of Trustees of the Commission on June 22, 2000.

1. Make clear basic principles and values held by the institution regarding credit for prior learning.
2. Provide explicit guidelines as to what is considered college-level learning.
3. Make clear that credit can be awarded only for demonstrated college-level *learning,* not for *experience* per se.
4. Specify, as clearly and unambiguously as possible, the standards of acceptable performance in each academic area.
5. Specify what form the claim for credit should take, e.g., course equivalent, competency list.
6. Insure that evaluation of learning is undertaken by appropriately qualified persons.
7. Indicate the appropriate form such as semester hours, course units, etc., the evaluator's credit recommendation should take.
8. Specify which degree requirements may be met by prior learning.
9. Specify how credit for prior learning will be recorded.
10. Define and articulate roles and responsibilities of all persons connected with the assessment process.
11. Develop procedures to monitor and assure fair and consistent treatment of students.
12. Develop clearly stated assessment policies and descriptive information for students, faculty, administrators and external sources.
13. Include provisions for periodic re-evaluation of policies and procedures for assessing learning and awarding credit.
14. Advise students that the institution cannot guarantee the transferability of prior learning credits to another institution.
15. Develop evaluation procedures of overall prior learning assessment program to ensure quality.

* These guidelines were taken from the policy statement, Assessing Prior Learning for Credit, approved by the Middle States Commission on Higher Education. They are used with that Commission's permission.

ADDITIONS AND REVISIONS

Chapter 6
Peer Review as a Form of Evaluation and Self-Regulation

The following revised policy replaces information on p. 92.

II.A.4. COMPLETION OF SERVICE ON THE C-E CORPS (policy II.A.4.)

A C-E typically completes service on the C-E Corps upon retirement, upon moving from the region, upon taking a position at an unaccredited institution within the region, upon completing a term, or upon failing to fulfill the Professional Development requirement.

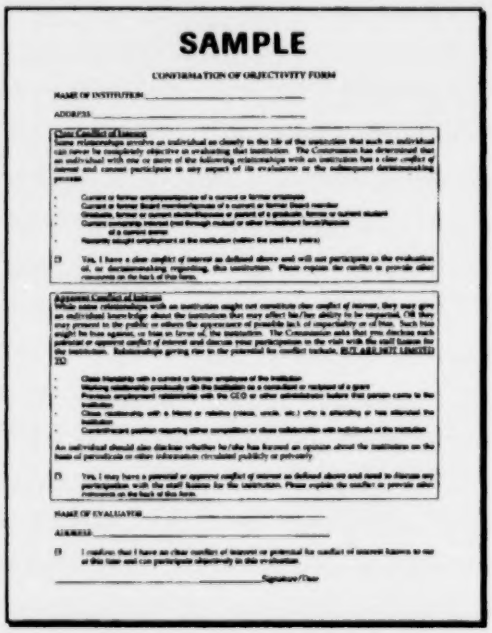
Depending on its needs, the Commission may invite a C-E to extend his/her Corps role for a specified period of time beyond the completion of service as defined above.

The Commission may also consider a C-E's service to be complete when he/she moves from one accredited institution to another or changes positions within an institution. The Commission will notify the C-E when his/her service is completed.

The following new policy replaces information on p. 94–95.

OBJECTIVITY AND CONFLICT OF INTEREST IN COMMISSION PROCESSES (policy II.B.1)

Evaluators and decision-makers must be able to render impartial and objective decisions on behalf of the Commission. Therefore, the Commission will not knowingly allow to participate in an institutional evaluation (visiting team, Readers or Evaluators Panels, Review Committee, Institutional Actions Council, or Appeals Panel) any person whose past or present activities could affect his/her ability to be impartial and objective. Participants are required to inform the staff of the Commission of any barrier to impartiality and objectivity known to them.


SAMPLE

CONFIRMATION OF OBJECTIVITY FORM

NAME OF INSTITUTION: _____

ADDRESS: _____

Close Conflict of Interest

Some relationships anywhere on an individual as closely to the life of the institution that such an individual can never be completely objective in evaluating that institution. The Commission has determined that an individual with one or more of the following relationships with an institution has a clear conflict of interest and cannot participate in any aspect of its evaluation or the subsequent decision-making process:

- Current or former employee/supervisor of a current or former employee
- Current or former Board member/officer of a current or former Board member
- Graduate, former or current student/supervisor or parent of a graduate, former or current student
- Current ownership interest (not through mutual or other investment funds/trustees) of a current owner
- Recently taught employment at the institution (within the past five years)

☐ Yes, I have a close conflict of interest as defined above and will not participate in the evaluation of, or decision-making regarding, this institution. Please explain the conflict or provide other comments on the back of this form.

Apparent Conflict of Interest

Some other relationships with an institution might not constitute clear conflict of interest, they must give an individual's knowledge about the institution that may affect his/her ability to be impartial. (It does not matter pursuant to the public or others the appearance of possible lack of impartiality or of bias. Such bias might be from against, or bias in favor of, the institution. The Commission asks that you disclose such potential or apparent conflict of interest and discuss your participation in the visit with the staff liaison for the institution. Relationships giving rise to the potential for conflict include: [NOT APPLICABLE UNDER 33]

- Close friendship with a current or former employee of the institution
- Working relationship previously with the institution as a consultant or recipient of a grant
- Previous employment relationship with the CEO or other administrator before that person came to the institution
- Close relationship with a friend or relative (niece, uncle, etc.) who is attending or has attended the institution
- Current/recent position requiring some competition or close collaboration with individuals at the institution

An individual should also disclose whether he/she has formed an opinion about the institution on the basis of periodicals or other information circulated publicly or privately.

☐ Yes, I may have a potential or apparent conflict of interest as defined above and need to discuss my participation with the staff liaison for the institution. Please explain the conflict or provide other comments on the back of this form.

NAME OF EVALUATOR: _____

ADDRESS: _____

☐ I confirm that I have an clear conflict of interest or potential for conflict of interest known to me at the time and can participate objectively in this evaluation.

_____ Signature/Date

SAMPLE

Confirmation of Objectivity (policy II.B.1.a)

A Confirmation of Objectivity is a document that affirms a person's commitment to and capacity for impartiality. Before participating in the evaluation visit each participant on an on-site evaluation team will sign a Confirmation of Objectivity regarding the institution being evaluated before serving. Before participating in a review each participant in the review and decision-making part of evaluation processes will sign or orally agree to a Confirmation for each institution under consideration.

The Confirmation of Objectivity form identifies situations involving conflict of interest as well as provides examples of

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other situations that raise the potential for conflict of interest. The form will require that the person disclose any such conflicts, predisposition, or affiliation that could appear to jeopardize objectivity. When appropriate the Commission staff will notify the institution of that potential and will consult with the individual and the institution regarding that person's suitability for the assignment. The Commission staff reserves final responsibility for determining whether the individual who has identified a potential bias or predisposition will participate in an institutional evaluation, review or decision-making.

The following revised policy replaces information on p. 96.

ELIGIBILITY AND SELECTION OF CONSULTANT-EVALUATORS (policy II.A.1.)

At least ninety percent of the members of the C-E Corps must be officially and actively employed within the higher education community. Other members of the C-E Corps may include, as appropriate, such people as members of boards of trustees, part-time employees of accredited institutions, recent retirees from accredited institutions, legal counsels, state education or system employees, or public members. The staff of the Commission will be responsible for the selection of the C-E Corps and will report the Corps' composition to the board of trustees.

ADDITIONS AND REVISIONS

Chapter 7
Logistics for Evaluation Visits

The following revision replaces information on pages 98–99.

SIZE OF TEAM (policy II.B.1)

The specific number of persons composing the evaluation team is determined by the Commission's staff. Typically no fewer than four members serve on a team for a comprehensive evaluation and no fewer than two serve on a team for a focused visit. The team must be large enough to make a thorough and professional evaluation of the particular institution. In determining the appropriate number, staff will weigh variables such as number of students served, number of degree levels offered, number of programs offered, breadth of services provided students and other constituencies, and number and type of off-campus offerings supported by the institution. Matters unique to a visit (e.g., unusual new institutional dynamics, pending implementation of significant changes, response to alternative evaluation agreements) may add to the size of the team. Staff may also consider institutional requests for a large enough team to ensure that specific institutional issues are addressed.

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ADDITIONS AND REVISIONS

Chapter 9
Review Processes and Commission Action (Page 129)

Chapter 10
The Evaluation Process: Charts, Timelines, and Samples (Pages 135, 136, 139)

Appendix A
Rules of Procedures of the Commission

The following replaces information in Chapter 9 on page 129

OFFICIAL INSTITUTIONAL ACTION OF THE COMMISSION (policy I.B.3.a)

The official relationship between an affiliated institution and the Commission is recorded in the action letter, which includes appropriate documents that summarize the facts of the accrediting relationship or identify relevant aspects of that relationship. Such documents typically include at minimum the Record of Status and Scope (RSS), or any other comparable document developed by the Commission to summarize officially the key components of the relationship and other information about the institution.

In November 1998 the Board adopted a new set of policies on the decision-making processes. The new policies affect:

1) *the review and decision-making bodies. The Board established a new decision-making body, the **Institutional Actions Council.** The structure and purpose of this body are defined below.*
2) *the timing of the decisions. The new decision-making processes create more decision-making times during the year, allowing for faster action on most reviews.*
3) *the options for review. The new policy states that institutions receiving a team recommendation for a comprehensive review in five or fewer years must appear before a review committee.*

*The **chart on the next page** identifies the paths that institutional decisions follow depending on the source of the review and the recommendation being made. The descriptions of the Readers and Review Committee processes in Chapter 9 are essentially the same.*

The following are new policies.

THE INSTITUTIONAL ACTIONS COUNCIL (policy 1.B.1.b)

The Institutional Actions Council (IAC) consists of 26 members—20 from the Consultant- Evaluator corps and six representing the public interest—selected by the board of trustees. The board of trustees appoints members of IAC for four-year staggered terms which commence on September 1. No person simultaneously can serve as a member of ARC and IAC.

continued on page 36

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COMMISSION DECISION-MAKING PROCESSES

TYPE OF REVIEW	ROUTING OF RECOMMENDATION	REVIEW AND DECISION MAKING PROCESSES			
		Readers Panel (RP)	Review Committee (RC)	Institutional Actions Council (IAC)	Board of Trustees (BoT)
Comprehensive Evaluation for Continued Accreditation	Accreditation continued. Next comprehensive evaluation in 6-10 years.	*Who goes:* all cases in which the institution agrees with the team. *What happens:* (1) RP refers to IAC for decision; or (2) RP refers to RC for further review	*Who goes:* (1) all cases referred by RP; and (2) all cases where institution does not agree with team recommendation. *What happens:* (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to IAC for decision.	*Who goes:* (1) all cases referred by RP; and (2) cases referred by RC due to lack of consensus. *What happens:* IAC makes decision, sends to BoT for validation.*	Validation process**
	Accreditation continued. Next comprehensive evaluation in 5 or fewer years.		*Who goes:* all cases *What happens:* (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to IAC for decision.	*Who goes:* cases referred by RC due to lack of consensus. *What happens:* IAC makes decision, sends to BoT for validation.*	Validation process**
Evaluations for Continued Candidacy and Focused visits	All recommendations other than those involving probation or denial or withdrawal of status.	*Who goes:* all cases in which the institution agrees with the team. *What happens:* (1) RP refers to IAC for decision; or (2) RP refers to RC for further review	*Who goes:* (1) all cases referred by RP; and (2) all cases where institution does not agree with team recommendation. *What happens:* (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to IAC for decision.	*Who goes:* (1) all cases referred by RP; and (2) cases referred by RC due to lack of consensus. *What happens:* IAC makes decision, sends to BoT for validation.*	Validation process**
Evaluations for Initial Candidacy or Initial Accreditation	Team has recommended granting of status.		*Who goes:* all cases *What happens:* (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to BoT for decision.		(1) Validation process where consensus exists; or (2) reviews and acts on cases where RC failed to reach decision.**
All reviews that involve probation, or denial or withdrawal of status	Team or other process has recommended imposition or removal of probation or denial or withdrawal of status		*Who goes:* all cases *What happens:* RC reviews and makes recommendation; forwards case to BoT for review and decision.		The Board reviews and acts on all cases that involve probation or denial or withdrawal of status. (Actions on denial or withdrawal of status may be appealed.) **
Evaluators Panels (EP) and Staff Recommendations	All positive EP recommendations; all staff recommendations			*Who goes:* all cases *What happens:* IAC makes decision, sends to BoT for validation.*	Validation process**

* IAC may defer action in special cases

** The Board of Trustees validates decisions made by other bodies during its regular meetings or through electronic or mail ballot. Validation is completed within four working days of the meeting of the designated decision-making body. Validation requires a 2/3 majority of voting trustees.

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continued from page 34

The Institutional Actions Council meets at least six times a year. Seven members selected by the staff from the Council, including one public representative, are charged with conducting the business of the body at each meeting. All members of the Council are expected to participate in one or more meetings annually.

INSTITUTIONAL ACTIONS COUNCIL DECISIONS (policy I.B.2.g)

The Institutional Actions Council reviews all recommendations forwarded to it by readers panels and by review committees. It also reviews recommendations from evaluators panels and from the staff.

The purpose of the Institutional Actions Council is to review all pertinent materials from an institution, from a team, from a review committee, from evaluators panels, and from staff. The Council, by majority vote, decides the official action which is then forwarded to the board of trustees for validation. In situations defined by policy, the Institutional Actions Council's decision may be to defer official action.

ADDITIONS AND REVISIONS

Chapter 11
Other Monitoring Visits

The following revised policy replaces information on p. 155. A portion of the policy also replaces information in Chapter 1, page 1.

RELATIONSHIP BETWEEN THE COMMISSION AND OTHER INSTITUTIONAL OR SPECIALIZED ACCREDITING AGENCIES (policy III.A.2.)

Each institution of higher education determines for itself whether or not to seek accreditation by any particular agency. The Commission bases its accreditation on its own General Institutional Requirements, Criteria, and processes, but it takes into consideration adverse actions taken by any institutional accrediting agency previously associated with an institution. Therefore, an institution that holds—or recently held—accreditation from another agency is not automatically eligible for accreditation by the Commission.

The Commission cooperates with accrediting agencies recognized by the U.S. Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA). An institution accredited by the Commission and holding accredited status with another recognized accrediting agency may request a cooperative evaluation. Requests for cooperative visits are considered where it is in the best interest of the institution and the agencies to conduct such an evaluation and where the Commission and the other agency(ies) are able to work together for mutually effective results and the product satisfies the needs of the agencies.

The following new policy is added to Chapter 11.

TYPES OF COOPERATIVE VISITS BETWEEN THE COMMISSION AND OTHER AGENCIES (policy III.A.2.a.)

The Commission will conduct a joint visit with another institutional accrediting agency recognized by the USDE or CHEA and only where there are no major areas of conflict relative to the mission and/or criteria/standards of the agencies involved. Joint visits are limited to two participating agencies. Joint visits will typically involve shared decision-making among evaluators representing the two agencies and will culminate in a single team report that complies with the requirements of both agencies. Written agreements negotiated between the Executive Director of the Commission or the Director's designee and the Executive Director or designee of the other institutional accrediting agency will govern cooperation and the mechanics and output of the evaluation. Such agreements will be reviewed periodically.

The Commission will conduct a coordinated visit with a specialized or professional accrediting agencies recognized by the USDE or CHEA. Coordinated visits typically are limited to no more than three participating agencies. While the teams of the participating agencies may coordinate some or many of their activities on campus, decision-making and the production of the team report will be done separately by each agency. A letter of agreement for each coordinated visit, signed by the Executive Directors of the participating agencies or their designees, will lay out the level of coordination and interaction allowed among agency representatives involved in the visit.

The following new policy replaces the first paragraph on page 156 under Confirmation/Advisory Visits, which becomes Advisory Visits.This creates a new category of visits.

VERIFICATION VISITS (policy II.C.4)

When a state agency asks for information from an institution that requires verification by an accrediting agency, the institution may request that the Commission provide an evaluation team to provide such verification. The team will typically produce a written report for the purposes of information and advice, which will be shared with the institution and the state agency or other entity, but no formal Commission review or action will typically be taken.

The following is a new Chapter Reference for Chapter 11 on interregional visits–insert after page 154.

Chapter Reference

COLLABORATIVE EVALUATION

Introduction

The Council of Regional Accrediting Commissions (C-RAC) has committed to an interregional, reciprocal program of cooperation among the regional accrediting agencies. This program outlines a protocol for evaluating institutions operating across regions. This Commission does not embed procedures in its policies. Therefore, in order to facilitate this protocol, the Board of Trustees modified its existing policy on Separately Accreditable Institutions and adopted two new policies noted below. The procedures are provided separately on page 42.

SEPARATELY ACCREDITABLE INSTITUTIONS (policy I.C.4)

The accreditation of an institution includes all its components, wherever located. A component of a larger institution may be separately accreditable if a significant portion of responsibility and decision making for its educational activities lies within the component and not in the other parts of the larger system.

For institutions operating solely within the North Central Region, the Commission determines, following consultation with the CEO of the institutional system, (1) whether the system will be accredited or whether its components will be separately accredited, and (2) how the evaluation will be conducted.

An instructional site located in a region other than that of its home campus must seek separate accreditation in the region in which it exists if it functions independent of operational control of the parent college or university. An instructional site will be deemed operationally independent and accreditable by the host region when it meets these criteria:

The instructional site:

1. has, under board policy, substantial financial and administrative independence from the home institution including matters related to personnel;
2. has a full time chief administrative officer;
3. is empowered, under board policy, to initiate and sustain its own academic programs;
4. has degree-granting authority in the state or jurisdiction in which it is located.

Each regional commission, upon the adoption of this policy, will determine if any of its affiliated institutions have instructional sites that appear to be separately accreditable. Following consultation with the host commission and the institution, and upon learning from the host region the site's potential to meet its eligibility requirements, the home region will make the determination as to the status of such sites that meet these criteria. The host region agrees to take deliberate steps toward reviewing any instructional sites identified as operationally independent in keeping with its policies and procedures for applying institutions. An institution identified as separately accreditable will continue to be included in the accreditation of the parent college or university until it achieves separate accreditation.

Off-campus instructional sites, regardless of location, not found to be operationally independent are included in the accreditation of the home campus. The operational independence of such sites is periodically reviewed under this policy.

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INSTITUTIONS OPERATING AT TRANSREGIONAL SITES (policy I.C.8)

To preserve the values and practices of peer review and regional accreditation, the Commission's evaluation of affiliated institutions that deliver education at a physical site(s) in another region(s) within the U.S. or its territories will be undertaken with the participation of the host regional accrediting commission(s). This will include the joint (home/host) evaluation of the off-campus sites in a host region against the accreditation standards of that region.

Procedures for the evaluation of colleges and universities operating interregionally will honor these basic principles:

a. The mission of the institution will be respected throughout the evaluation process.

b. The design and implementation of the strategy fashioned to evaluate its host region's instructional sites will be developed collaboratively by the participating regional commissions together with the affected institution.

c. The home region's evaluation processes will serve as the basis for the joint evaluations and the home region will take the leadership role in initiating and overseeing the process.

d. The home region will be solely responsible for final accrediting actions, but will respond to issues brought to its attention by the host commission as identified through its involvement in the institutional review.

e. Host commission participation in an interregional accrediting process shall not constitute accreditation of the institution by that commission.

f. When an institution moves instructional activities into another region, the commission in the home region will consult with the host region and institution in determining whether the new activities are subject to review under the interregional accrediting process.

g. The host region retains the discretion to determine its involvement in the evaluation of institutions operating interregionally.

(In keeping with the agreement reached by the regional accrediting associations, the procedures for evaluating institutions operating at transregional sites will be revisited after three years.)

Procedures for the Interregional Accrediting Process appear on page 42.

INTERREGIONAL EXCHANGE OF INSTITUTIONAL INFORMATION (policy III.A.5)

To assure that each other regional accrediting commission is adequately apprised of the instructional activities of Commission-affiliated institutions in its region, the Commission will annually report to the affected commission the name of each institution offering over 50% of a degree program at a specific site, its location(s), its level of degree offerings, and the number of students enrolled. The Commission will also notify the relevant commission when one of its institutions intends to establish a new instructional site in that region.

These Procedures were extracted from the Council of Regional Accrediting Commission's (C-RAC) Proposed Interregional Policies on the Accreditation of Institutions Operating Across Regions. They implement the Commission's new and revised policies related to institutions operating interregionally.

Procedures for the Interregional Accrediting Process

Notice to Host Region of Planned Evaluations

The home region will provide timely notice to the host region(s) of:

A. scheduled comprehensive evaluations of institutions with instructional sites in the host region;

B. any focused visits which include the review of sites in the host region or includes issues related to off-campus programming;

C. any other evaluations of new sites in the host region.

Procedures for Evaluations

A. *Standards to be applied.* The standards of both the home and host region will be applied at host region sites using a "home standards plus" model. That is, the standards of the home region will be used as the basis for the evaluation as supplemented by any criteria of the host region identified in the design process for the evaluation.

B. *Evaluation protocol.* Well in advance of the comprehensive visit, the home and host commissions, in consultation with the institution, will develop a protocol for the evaluation of host region sites to include: 1) the scope of the review; 2) which sites are to be reviewed, with the final decision remaining with the home region; 3) the content of the self-study report(s) for the sites to be visited with particular attention to how identified host region standards are to be addressed; and 4) any other matters of agreement relevant to the evaluation, including issues of possible public disclosure.

C. *Site team composition.* The size and composition of the team visiting host region sites will be jointly determined, with the host region being afforded the opportunity to appoint up to 50% of the team's membership. The host region may appoint a vice or co-chair as agreed upon by the home region. Teams will otherwise be appointed in keeping with home region procedures. It is understood that the host region's conflict of interest policy will apply for the team members it appoints.

D. *Costs.* The costs for the evaluation of host region sites will be billed in keeping with the home region's policies. The home region will otherwise administer reimbursement of evaluator expense also in keeping with its policies

Procedures for the Interregional Accrediting Process - page two

Procedures for Evaluation Reports

A. A single evaluation report will be prepared for each of the sites visited within the host region, as agreed upon by the commissions involved.

B. The evaluation report will include a review of the site under the home region's standards, and as appropriate, findings regarding the host region's standards as previously identified and any topics included in the evaluation under prior agreement. Recommendations to the home region can be made by both home and host sub-groups on the team.

C. Site team reports are provided to the host region by the home region upon receipt. In cases of comprehensive evaluations, the home region's institutional evaluation report is also forwarded to the host region.

D. The host region is responsible for establishing processes for the timely review of site-specific evaluation reports prior to their being considered by the home regional commission so as to provide any comments it believes should be taken into consideration as the institution's case is reviewed.

E. The policy of confidentiality for team recommendations of the home region will apply.

Procedures for Decisions and Notification

A. The home region's decision-making processes will ensure that the institution has the opportunity to respond to the team report and any comments from the host region before a final decision is made.

B. The home region takes the final accrediting action and is responsible for providing notification of that action to all relevant parties, including the host region.

C. When the final action differs from the recommendation and comments of the host region, if any, a rationale for the action will be sent upon request by the home to the host region.

D. The home region is responsible for addressing any misrepresentation of the interregional evaluation on the institution's accreditation status.

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ADDITIONS AND REVISIONS

Chapter 12
Institutional Change

The following revised policy replaces the information on pages 161-164.

INSTITUTIONAL CHANGES REQUIRING COMMISSION APPROVAL (policy I.C.2)

The Commission requires that an institution receive Commission approval when initiating certain institutional changes. To gain approval, an institution files a formal request for approval of institutional change. Based on that request, staff determine the appropriate means to forward a recommendation for approval to the appropriate Commission decision-making body, a Review Committee or the Institutional Actions Council. Recommendations may come from on-site teams (comprehensive or focused), Evaluators Panels, or Commission staff. As defined in Policies I.C.2a (3), (6), (7); I.C. 2b (5); I.C.2c (1), (4); and I.C.2d (3), (4), Commission staff may—but are not required to—make a decision on behalf of the Commission. All decisions except those made by staff are validated by the Board of Trustees; staff decisions are reported to the Board of Trustees.

In determining the appropriate process for reviewing an institutional request, Commission staff weigh the following variables: the clarity of connection between the institution's mission and the change; the history of the Commission's relationship with the institution; the institution's history of successfully initiating change; the scope of the change; the potential impact of the change on the institution; review of the change by other bodies (e.g., state agencies, program accrediting bodies); and the strength of the evidence provided in the institution's request that it can effectively initiate the change and evaluate its effectiveness.

The Board of Trustees reviews its change policies and procedures annually to evaluate their responsiveness to institutional dynamics, their effectiveness in providing quality assurance, and their usefulness in enhancing institutional and educational improvement.

Changes in Mission or Structure (policy I.C.2.a)

Commission approval is required when

1. An institution changes, after significant planning, the character and nature of the student body;
2. An institution merges with an unaccredited institution; (A site visit is required either before approval or within six months after the merger is official.)
3. An institution merges with a regionally accredited or affiliated institution; Commission staff may give approval upon receipt and evaluation of documentation that the institution or new entity continues to meet Commission requirements and criteria, but will schedule an on-site evaluation to be conducted within a year.
4. An institution changes institutional affiliation with a sponsoring organization;
5. An institution contracts with non-accredited entities to provide 50% or more of a credit-bearing program;
6. An institution changes ownership and/or legal status; Commission staff may give approval upon receipt and evaluation of documentation that the institutional mission remains unchanged, that the academic programs will continue, that board governance continues to meet Commission requirements, and that appropriate financial resources continue to support the institution, but will schedule an on-site evaluation to be conducted within six months.
7. An institution experiences unanticipated but significant changes in the character and nature of the student body (e.g., assuming oversight for programs orphaned by a closing institution). Commission

staff may give approval after receipt and evaluation of documentation that the institution's activities, particularly those involving teach-outs, meet Commission and federal requirements, but if the institutional commitment is for more than a limited teach-out, staff may require an on-site evaluation visit within a year.

Changes in Educational Offerings (policy I.C.2.b)

Commission approval is required to extend accreditation to include

1. Program offerings at a new degree level;
2. Significant new academic program or major that requires substantial financial investment or substantial reallocation of financial resources;
3. A new academic program that shifts the mission of the institution;
4. Degree programs offered through distance delivery methods;
5. Offering courses regularly that are not currently included within the institution's affiliated status. Commission staff may give approval after receipt and evaluation of documentation that the institution's offerings are appropriate to the institution's mission, have all necessary approvals, and will be effectively developed and supported.

Changes in Educational Sites (policy I.C.2.c)

Commission approval is required to extend accreditation to include

1. A new site that houses a full range of instruction as well as administrative and support services (e.g., a new campus or a new branch); Commission staff may give approval upon receipt and evaluation of documentation including a business plan, but will schedule an on-site visit to be conducted within six months of the opening of the site.
2. An instructional site at which the institution provides a degree program(s);
3. An off-campus site at which the institution offers 50% or more of the courses leading to one of its degree programs and at which the institution enrolls 100 or more students (unduplicated headcount) in an academic year;
4. Five or more courses a year at an out-of-state site or at an international site. Commission staff may give approval after receipt and evaluation of documentation that the institution's offerings are appropriate to the institution's mission, have all necessary approvals, and will be effectively developed and supported.

In keeping with federal regulations, the Commission will conduct an on-site visit of each of the first three sites begun by an institution, and it will require an on-site visit before extending accreditation to include a new site for an institution under Commission sanction, or experiencing serious financial problems, or already known for having inadequate quality assurance processes.

Changes in relationship with the Commission (policy I.C.2.d)

Commission approval is required to:

1. Change the stipulations within the current affiliation status.
2. Change the date of comprehensive visits beyond the cycle established by policy.

3. Change the date of other visits or required reports. Commission staff may make the decision after receipt and evaluation of documentation that shows that such changes are appropriate.

4. Transfer accreditation to a new entity. Commission staff may give approval after receipt and evaluation of documentation that the institution or new entity continues to meet Commission requirements and criteria, but will schedule an on-site evaluation to be conducted within a year.

Commission Monitoring of Institutions (policy I.C.3)

The Commission reserves the right to call for special monitoring when the integrity of the institution and its educational programs might be in jeopardy. The Executive Director may conduct such monitoring by calling for a special report or an advisory team visit. A special report or advisory team report will not be reviewed through the Commission's regular review processes; it may be used by the Executive Director to provide information, to support a recommendation to the Board for a possible sanction, or for any other purpose supported by the policies and practices of the Commission. Any action proposed by the Executive Director will be shared with the institution for response at least two weeks prior to the intended date of Board deliberation and decision. Among the situations that might result in such monitoring are:

1. institutional declaration of bankruptcy, financial exigency, or intent to close;

2. highly publicized and divisive controversies among the governing board, the administration, and/or the faculty or the student body;

3. significant unanticipated reduction in program offering, faculty, and/or enrollment;

4. public sanctions applied by governmental agencies or by other accrediting or licensing bodies;

5. serious legal, financial, or ethical investigations, including those involving adjudication in courts;

6. financial audit reports that raise serious concerns about financial viability or financial management practices;

7. serious misrepresentation to students and the public.

The following replace information in Chapter 12 on pages 165–167.

EVALUATING INSTITUTIONAL CHANGE

☐ Information and Documentation to Support a Request for Institutional Change

The institution's written request and supporting documentation serve as the basic reference for the Commission's decision to approve or deny a request to extend accreditation to include a significant institutional change. Approval of the request results in the modification or expansion of the institution's relationship with the Commission.

A request for approval of institutional change must provide a well-written and comprehensive analysis of the proposed change. There are six major questions for the institution to address. Each major question is followed by a series of imperatives that solicit information and documentation that are fundamental to the development and evaluation of the proposed change.

1. **What is the change being proposed?**
    - State the specific change that is proposed.
    - State the expected outcomes of this proposed change (e.g., enrollment growth, enhanced services, financial growth)
    - Project the impact of this proposed change on the institution's current mission, the numbers and types of students to be served, and the breadth of the institution's educational offerings.
    - Identify the Commission's policy(ies) relevant to this change:
        - Change in mission or structure (policy I.C.2.a)
        - Change in educational offering (policy I.C.2.b.)
        - Change in educational sites (policy I.C.2.c.)
        - Change in relationship with the Commission (policy I.C.2.d.)

2. **What factors led the institution to undertake the proposed change?**
    - Describe the relationship between the proposed change and ongoing institutional planning.
    - Describe the needs analysis related to this proposed change.
    - Describe the involvement of various constituencies in developing this proposed change.

3. **What necessary approvals have been obtained to implement the proposed change?**
    - Identify the internal approvals required and provide documentation confirming these actions.
    - Identify the external approvals required and provide documentation confirming these actions.

4. **What impact might the proposed change have on challenges identified by the Commission as part of or subsequent to the last comprehensive visit?**
    - Identify any challenges directly related to the proposed change.
    - Describe how the institution has addressed the challenge(s).

5. **What are the institution's plans to implement and sustain the proposed change?**
    - Describe the involvement of appropriately credentialed faculty and experienced staff necessary to accomplish this proposed change (e.g., curriculum development and oversight, evaluation of instruction, and assessment of learning outcomes).

- Describe the administrative structure (e.g., accountability processes, leadership roles) necessary to support this proposed change.
- Describe how the institution will make learning resources and support services available to students (e.g., student support services, library resources, academic advising, and financial aid counseling).
- Provide financial data/information that documents the institution's capacity to implement and sustain the proposed change (e.g., projected budgets, recent audit reports, revenue streams, cost of facilities, and projected facility and equipment costs).
- Specify the timeline used to implement the proposed change.

6. **What are the institution's strategies to evaluate the proposed change?**
   - Describe the measures the institution will use to document the achievement of its expected outcomes.
   - Describe how the assessment of student learning is integrated into the institution's assessment program.

The following are three new Chapter References for Chapter 12—insert after page 172.

Chapter Reference A

GOOD PRACTICES IN CONTRACTUAL ARRANGEMENTS INVOLVING COURSES AND PROGRAMS

Preamble

This statement of good practices regarding contractual arrangements has been developed by the Commission on Institutions of Higher Education of the North Central Association of Colleges and Schools. Mindful of the increasingly diverse nature of contractual relationships in U.S. higher education, the Commission provides this document to speak to matters that deserve the scrutiny of affiliated institutions—both accredited or holding candidacy status—engaged in or planning to engage in contractual arrangements either to receive or to deliver credit-bearing courses and programs.

The Commission expects that institutions will enter into contractual relationships after giving careful attention to the scope of the arrangement and to the appropriateness of the contractual partner(s). It also expects that the goal of such arrangements is to preserve and enhance the quality of the institution's academic offerings to students. Therefore, these good practices signify the Commission's flexibility in reviewing a wide range of contractual relationships useful to the maintenance and strengthening of the quality of educational programs.

The document is structured to address first contractual arrangements among accredited entities, then adds to those other good practices to be considered in contractual arrangements with non-regionally accredited institutions, and provides yet more good practices to be followed in contractual arrangements with international entities. This document can provide guidance to institutions engaging a wide range of contractual arrangements through which an accredited institution might share in the development and delivery of courses/programs, might purchase or use courses/programs developed by accredited or non-accredited entities, and/or might contract to provide its courses/programs through an international entity. Similarly, the document should assist evaluation teams in determining the appropriateness of such contractual relationships. The Commission understands that many collaborative arrangements do not require formal contracts; these good practices can inform the development and evaluation of appropriate documents for those relationships.

The Good Practices are based on the following basic assumptions:

A. The courses/programs involved in any contractual arrangements are consistent with the accredited institution's stated educational mission and purposes and augment the institution's mission if offered under the name of the contracting institution.

B. The accredited institution is responsible for any activities conducted in its name.

C. These statements of Good Practice supplement but do not supplant the Commission's stated criteria and requirements for accreditation unless exceptions are stated explicitly.

D. The accredited institution bears the responsibility to assure that a non-accredited party to the contract does not claim for itself or imply any accredited status other than its negotiated association with the accredited institution.

E. In developing any contractual relationship, the accredited institution also follows the Commission's policies that require prior approval of specific institutional changes.

1. Good Practices in Writing a Contract between Accredited Institutions Concerning Educational Courses/ Programs.

1.a. The contract is executed by the duly designated officers of the contracting parties, each legally qualified to commit the contracting entity to a binding contract.

1.b. The contract clearly establishes

- the nature of the services to be performed by each party;
- the period of the agreement;
- the conditions under which the contract will be reviewed;
- the conditions under which the contract can be renewed;
- the conditions under which the contract can be terminated, including appropriate protection for enrolled students in such situations; and
- the venue(s) for addressing perceived breaches of the contract.

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1.c. The contract explicitly defines

- educational courses, program(s), and services included in the contract;
- the institution(s) awarding the credit;
- how the faculties of the accredited entities will periodically review the courses and programs;
- how student support services necessary to the courses/program(s) will be delivered; and
- how student access to the learning resources requisite for the course/program(s) will be assured.

1.d The contract explicitly states financial arrangements

- that specify the compensation and other considerations for the services provided by each of the parties;
- that set forth a mechanism to account for the services provided by each of the parties; and
- that meet all legal requirements for federal and state student aid programs that might be used by students or the contracting accredited entities.

1.e. The contract is

- submitted to federal and state agencies when required by regulations;
- submitted to the Commission for approval when required by federal or state regulations;
- submitted, when appropriate, to the Commission as part of a request for approval of institutional change; and
- available on request by the Commission and its teams.

2. Additional Good Practices for Contractual Arrangements with Organizations not Accredited by a Regional Institutional Accrediting Association.

2.a. The accredited institution's faculty has the responsibility to review and approve the content of the courses/programs, and those faculty have credentials that meet requirements of the Commission and are qualified by experience and/or training.

2.b. The accredited institution follows all of the procedures established by its governance structure and by the Commission for approval of the courses/programs.

2.c. The accredited institution not only has the contractual obligation for but also has systematic processes to assure its capacity to carry out its responsibility for oversight of:

- advertising and recruitment,
- admissions,
- appointment of faculty,
- content and rigor of courses/program(s),
- evaluation of student work, and
- award of credit/certificates/degrees.

3. Additional Good Practices for Contractual Arrangements with International Entities.

3.a. The contract follows the good practices outlined above.

3.b. The contract is in English and the primary language of the international contracting entity.

3.c. The contract specifically provides that the U.S. institution exercises appropriate oversight for the international program in conformity with the *Principles of Good Practice in Overseas International Education Programs for Non-U.S. Nationals* and the requirements of the Commission.

Adopted by the Commission on Institutions of Higher Education of the North Central Association of Colleges and Schools August 7, 1998

Chapter Reference B

STATEMENT OF COMMITMENT BY THE REGIONAL ACCREDITING ASSOCIATIONS FOR THE EVALUATION OF ELECTRONICALLY OFFERED DEGREE AND CERTIFICATE PROGRAMS

Technologically mediated instruction offered at a distance has rapidly become an important component of higher education. Growing numbers of colleges and universities are going on-line with courses and programs, while those already involved are expanding these activities. New providers, often lacking traditional institutional hallmarks, are emerging. This phenomenon is creating opportunities to serve new student clienteles and to better serve existing populations, and it is encouraging innovation throughout the academy. While these are welcome developments, the new delivery systems test conventional assumptions, raising fresh questions as to the essential nature and content of an educational experience and the resources required to support it. As such they present extraordinary and distinct challenges to the eight regional accrediting commissions' which assure the quality of the great majority of degree-granting institutions of higher learning in the United States.

The approach of the regional commissions to these emergent forms of learning is expressed in a set of commitments aimed at ensuring high quality in distance education. These include commitment to those traditions, principles, and values which have guided the regionals' approach to educational innovation; commitment to cooperation among the eight regional commissions directed toward a consistent approach to the evaluation of distance education informed through collaboration with others; and commitment to supporting good practice among institutions.

Commitment to Traditions, Values, and Principles

The lengthy history of regional accreditation has been one of adaptation to a changing educational environment, of maintaining high standards while also recognizing that education can be provided effectively in a variety of ways. Responsible innovation has been encouraged within a system of accountability grounded in enduring values and principles through which quality has been defined. The result has been an ever-expanding set of educational opportunities, marked by diversity and excellence, to meet the changing needs of our society. It is in keeping with this tradition that the regional commissions individually and collectively are responding to new forms of distance education. Of necessity, this will be a work in progress; educational change continues apace with technological change making efforts to develop settled definitions of the essential structures and conditions in distance education, and procedures to apply them, neither possible or even desirable. Rather, the regionals' response will be developmental, though experience thus far indicates a strong evaluative competence among individual regional accreditors in responding to the ingenuity of colleges and universities as they use technology to better achieve their educational goals.

As they proceed with the assessment of educational programming offered at a distance, the regional commissions will continue to work toward a balance between accountability and innovation. They will seek to sustain an equilibrium between fulfilling the expectation that regional accreditation is a dependable indicator of institutional quality and encouraging perceptive and imaginative experimentation. Sound departures from traditional formulas will be validated; those falling short will not.

The regional commissions use mission-driven standards to define institutional quality. The college or university that has purposes appropriate to higher education, the resources necessary to achieve those purposes, demonstrates that it is achieving them and has the ability to continue to do so, is one worthy of the distinction of being regionally accredited. This implicitly flexible paradigm is particularly appropriate for the assessment of new forms of distance education as well as technologically-spawned innovations in educational practice on-campus.

While endeavoring to maintain balance and flexibility in the evaluation of new forms of delivery, the regional commissions are also resolved to sustain certain values. These include, among other things:

- that education is best experienced within a community of learning where competent professionals are actively and cooperatively involved with creating, providing, and improving the instructional program;
- that learning is dynamic and interactive, regardless of the setting in which it occurs;
- that instructional programs leading to degrees having integrity are organized around substantive and coherent curricula which define expected learning outcomes;
- that institutions accept the obligation to address student needs related to, and to provide the resources necessary for, their academic success;
- that institutions are responsible for the education provided in their name;
- that institutions undertake the assessment and improvement of their quality, giving particular emphasis to student learning;
- that institutions voluntarily subject themselves to peer review.

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There can be no doubt that there are challenges in sustaining these important values through technologically mediated instruction. The regional commissions appreciate this reality, and also recognize that these values may be expressed in valid new ways as inventive institutions seek to utilize technology to achieve their goals.

The regional commissions will continue to limit their scope to include only degree-granting institutions of higher learning. They are also aware, that many of the educational offerings provided at a distance do not lead to degrees, but rather are short-term and highly focused, providing specific skills-training and leading to at most certificates. Such activities at regionally accredited colleges or universities, or at those that seek regional accreditation, undertaken in their name, are considered as included within the institution's accreditation and thus are subject to evaluation.

The regional commissions are attentive to the fact that their field of view increasingly includes educational entities and configurations which test conventional ideas as to what constitutes an institution of higher learning. Generating opportunities for innovative collaboration, the application of new technologies to education has resulted in unprecedented cooperative agreements and configurations among accredited colleges and universities as well as with entities outside the academy. While frequently resulting in a beneficial expansion of educational opportunity and a greater optimization of assets, these arrangements often result in a diffusion of responsibility for the overall quality of the student's academic experience. In addition, in these situations quality is often dependent on the continued availability of multiple resources only loosely bound. The regional commissions, as they review such arrangements, will consider it essential that accountability be clearly fixed and meaningfully expressed within the accredited entity and that reasonable guarantees are provided to assure the continued availability of necessary resources outside the institution's control.

Commitment to Cooperation, Consistency, and Collaboration

The regional approach to quality assurance has served our society well. Though fundamentally similar, the eight commissions have been able to reflect America's rich cultural diversity in their criteria and operations and undertake useful local experimentation from which the whole has benefited. In addition, regionalism has greatly fostered self-regulation by keeping these accreditors close to their member institutions.

Technologically mediated instruction, increasingly asynchronous and web-based, and as such not location dependent, raises questions about the suitability of the regional approach to quality assurance. The regional commissions recognize this. However, they also note that the great majority of collegiate instruction offered in the United States remains on-ground, and that nearly all on-line programming leading to degrees is being provided by traditional institutions which have a substantial academic infrastructure within a single region. To be sure, this may change over time, but for the present, the regional framework continues to be appropriately responsive to the current realities of American higher education and is effective in fulfilling the nation's overall quality assurance needs.

Nonetheless, because the new delivery systems are becoming increasingly important, with institutions developing national and international student populations enjoying only virtual residence, the regional commissions have sought and will continue to seek a significant degree of cross-regional consistency, compatible with their independence and autonomy, in evaluating these activities. Moreover, the commissions are seeking to assure that technologically mediated instruction offered at a distance by whatever institution in whatever region meets the same high standards for quality through the application of an evaluative framework utilizing peer review common to all the regions:

- the first-time development of distance education programming leading to a degree designated for students off-campus will be subject to careful prior review;
- institutional effectiveness in providing education at a distance will be an explicitly and rigorously appraised as a part of the regular evaluation of colleges and universities such as the comprehensive visit and the interim report;
- an essential element in all evaluative processes will be institutional self-evaluation for the purpose of enhancing quality;
- in cases where deficiencies are identified and/or concerns regarding integrity, remediation will be expected and aggressively monitored;
- appropriate action will be taken in keeping with individual commission policy and procedure in those cases where an institution is found to be demonstrably incapable of effectively offering distance education programming.

As each of the regional commissions continues to accrue skill in assessing distance education programming, they are pledged to learn from the experiences of one another particularly when innovative approaches are utilized.

While most institutions providing educational programming at a distance are clearly based in one of the six regions, placing them within the jurisdiction of the local accrediting commission, technology has already demonstrated the possibility of a virtual institution that is not plainly confined to a given location. In those cases, it is not obvious which regional commission should have quality assurance responsibility. Though few such institutions without apparent regional residency are anticipated, this circumstance presents difficult issues for which the regional commissions working through their national organization, the Council of Regional Accrediting Commissions (C-RAC) are seeking to address.

The regional accrediting commissions are aware of the need for a collaborative approach which extends beyond their community, that others, particularly the states and the federal government, have a substantial voice in addressing quality assurance issues related to distance education programming. Building on a well-established tradition of cooperation with state higher education offices and the United States Department of Education, the eight commissions are pledged to continue to work individually and collectively with these agencies to achieve our commonly held goals of assuring the quality of academic offerings regardless of the medium of delivery. To that end, the commissions will

seek the continued assistance of the Council for Higher Education Accreditation (CHEA) as a convener and facilitator.

No less important, as self-regulatory entities, the regional commissions recognize the necessity of working collaboratively with their affiliated colleges and universities. Each of the commissions have well established practices and procedures to ensure meaningful institutional involvement in developing standards and more broadly defining in general terms the practice of accreditation within its region. It is with a redoubled commitment to the participative involvement of their respective institutional memberships that the regional commissions will fashion their response to the quality assurance challenges created by technologically mediated instruction offered at a distance.

Commitment to Supporting Good Practice

As the higher education community increasingly expand educational opportunities through electronically offered programming, the regional commissions are committed to supporting good practice in distance education among affiliated colleges and universities. Doing so is in keeping with their mission to encourage institutional improvement toward a goal of excellence. To this end several years ago, each commission adopted and implemented a common statement of *Principles of Good Practice in Electronically Offered Academic Degree and Certificate Programs* developed by the Western Cooperative for Educational Telecommunications (WCET), resulting in a shared approach to distance education. More recently, desiring to complement these efforts, the regional commissions collectively, through C-RAC, contracted with WCET to fashion a more detailed elucidation of those elements which exemplify quality in distance education. Based upon the expertise of WCET and the already substantial experience of the regional commissions in assessing distance education, the resulting statement, *Best Practices for Electronically Offered Degree and Certificate Programs*, provides a comprehensive and demanding expression of what is considered current best practice. It is being utilized by each commission, compatibly with their policies and procedures to promote good practice in distance education among their affiliated colleges and universities.

* The eight regional accrediting commissions are:

Commission on Higher Education, Middle States Association of Colleges and Schools ..... info@msache.org

Commission on Institutions of Higher Education, New England Association of Schools and Colleges ..... cihe@neasc.org

Commission on Technical and Career Institutions, New England Association of Schools and Colleges ..... rmandeville@neasc.org

The Higher Learning Commission, North Central Association of Colleges and Schools ..... info@ncahigherlearningcommission.org

Commission on Colleges, The Northwest Association of Schools and Colleges ..... pjarnold@cocnasc.org

Commission on Colleges, Southern Association of Colleges and Schools ..... webmaster@sacscoc.org

Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges ..... accjc@aol.com

Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges ..... wascsr@wascsenior.org

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Chapter Reference C

BEST PRACTICES FOR ELECTRONICALLY OFFERED DEGREE AND CERTIFICATE PROGRAMS[1]

Introduction

These Best Practices have been developed by the eight regional accrediting commissions in response to the emergence of technologically mediated instruction offered at a distance as an important component of higher education. Expressing in detail what currently constitutes best practice in distance education, specifically electronically offered degree and certificate programs, they seek to address concerns that regional accreditation standards are not relevant to the new distributed learning environments, especially when those environments are experienced by off-campus students. The Best Practices, however, are not new evaluative criteria. Rather they explicate how the well-established essentials of institutional quality found in regional accreditation standards are applicable to the emergent forms of learning; much of the detail of their content would find application in any learning environment. Taken together those essentials reflect the values which the regional commissions foster among their affiliated colleges and universities:

- that education is best experienced within a community of learning where competent professionals are actively and cooperatively involved with creating, providing, and improving the instructional program;
- that learning is dynamic and interactive, regardless of the setting in which it occurs;
- that instructional programs leading to degrees having integrity are organized around substantive and coherent curricula which define expected learning outcomes;
- that institutions accept the obligation to address student needs related to, and to provide the resources necessary for, their academic success;
- that institutions are responsible for the education provided in their name;
- that institutions undertake the assessment and improvement of their quality, giving particular emphasis to student learning;
- that institutions voluntarily subject themselves to peer review.

These *Best Practices* are meant to assist institutions in planning distance education activities regarding the electronically offered degree and certificate program, and to provide a self-assessment framework for those already involved. For the regional accrediting associations they constitute a common understanding of those elements which reflect quality of technologically mediated instruction offered at a distance. As such they are intended to inform and facilitate the evaluation policies and processes of each region.

Developed to reflect current best practice in electronically offered programming, these *Best Practices* were initially drafted by the Western Cooperative for Educational Telecommunications <www.wiche.edu/telecom/>, an organization recognized for its substantial expertise in this field. Given the rapid pace of change in distance education, these *Best Practices* are necessarily a work in progress. They will be subject to periodic review by the regionals, individually and collectively, who welcome comments and suggestions for their improvement.

Overview to the Best Practices

These *Best Practices* are divided into five separate components, each of which addresses a particular area of institutional activity relevant to electronically offered degree and certificate programs. They are:

1. Institutional Context and Commitment
2. Curriculum and Instruction
3. Faculty Support
4. Student Support
5. Evaluation and Assessment

Each component begins with a general statement followed by individual numbered paragraphs addressing specific matters describing those elements essential to quality distance education programming. These in turn are followed by protocols in the form of questions designed to assist in determining the existence of those elements when reviewing either internally or externally distance education activities.

The Best Practices and Protocols

1. Institutional Context and Commitment

Electronically offered programs both support and extend the roles of educational institutions. Increasingly they are integral to academic organization, with growing implications for institutional infrastructure.

1a. In its content, purposes, organization, and enrollment history if applicable, the program is consistent with the institution's role and mission.

- What is the evidence that the program is consistent with the role and mission of the institution including its goals with regard to student access?
- Is the institution fulfilling its stated role as it offers the program to students at a distance, or is the role being changed?

1b. It is recognized that a healthy institution's purposes change over time. The institution is aware of accreditation requirements and complies with them. Each accrediting commission has established definitions of what activities constitute a substantive change that will trigger prior review and approval processes. The appropriate accreditation commission should be notified and consulted whether an electronically offered program represents a major change. The offering of distributed programs can affect the institution's educational goals, intended student population, curriculum, modes or venue of instruction, and can thus have an impact on both the institution and its accreditation status.

- Does the program represent a change to the institution's stated mission and objectives?
- Does the program take the college or university beyond its "institutional boundaries," e.g., students to be served, geographic service area, locus of instruction, curriculum to be offered, or comparable formally stated definitions of institutional purpose?
- Is the change truly significant?

1c. The institution's budgets and policy statements reflect its commitment to the students for whom its electronically offered programs are designed.

- How is the student assured that the program will be sustained long enough for the cohort to complete it?
- How are electronically offered programs included in the institution's overall budget structure?
- What are the institution's policies concerning the establishment, organization, funding, and management of electronically offered programs? Do they reflect ongoing commitment to such programs? (See also item **1e** below.)

1d. The institution assures adequacy of technical and physical plant facilities including appropriate staffing and technical assistance, to support its electronically offered programs.

- Do technical and physical plant facilities accommodate the curricular commitments reviewed below, e.g., instructor and student interaction (2e), and appropriateness to the curriculum (2a)?
- Whether facilities are provided directly by the institution or through contractual arrangements, what are the provisions for reliability, privacy, safety and security?
- Does the institution's budget plan provide for appropriate updating of the technologies employed?
- Is the staffing structure appropriate (and fully qualified) to support the programs now operational and envisioned in the near term?

1e. The internal organizational structure which enables the development, coordination, support, and oversight of electronically offered programs will vary from institution to institution. Ordinarily, however, this will include the capability to:

- Facilitate the associated instructional and technical support relationships.
- Provide (or draw upon) the required information technologies and related support services.
- Develop and implement a marketing plan that takes into account the target student population, the technologies available, and the factors required to meet institutional goals.
- Provide training and support to participating instructors and students.
- Assure compliance with copyright law.
- Contract for products and outsourced services.
- Assess and assign priorities to potential future projects.
- Assure that electronically offered programs and courses meet institution-wide standards, both to provide consistent quality and to provide a coherent framework for students who may enroll in both electronically offered and traditional on-campus courses.
- Maintain appropriate academic oversight.
- Maintain consistency with the institution's academic planning and oversight functions, to assure congruence with the institution's mission and allocation of required resources.
- Assure the integrity of student work and faculty instruction.

Organizational structure varies greatly, but it is fundamental to the success of an institution's programs. The points above can be evaluated by variations of the following procedure and inquiries:

- Is there a clear, well-understood process by which an electronically offered program evolves from conception to administrative authorization to implementation? How is the need for the program determined? How is it assigned a priority among the other potential programs? Has the development of the program incorporated appropriate internal consultation and integration with existing planning efforts?
- Track the history of a representative project from idea through implementation, noting the links among the participants including those responsible for curriculum, those responsible for deciding to offer the program electronically, those responsible for program/course design, those responsible for the technologies applied, those responsible for faculty and student support, those responsible for marketing, those responsible for legal issues, those responsible for budgeting, those responsible for administrative and student services, and those responsible for

program evaluation. Does this review reveal a coherent set of relationships?

- In the institution's organizational documentation, is there a clear and integral relationship between those responsible for electronically offered programs and the mainstream academic structure?
- How is the organizational structure reflected in the institution's overall budget?
- How are the integrity, reliability, and security of outsourced services assured?
- Are training and technical support programs considered adequate by those for whom they are intended?
- What are the policies and procedures concerning compliance with copyright law?
- How does program evaluation relate to this organizational and decision-making structure?

1f. In its articulation and transfer policies the institution judges courses and programs on their learning outcomes, and the resources brought to bear for their achievement, not on modes of delivery.

- What are the institution's policies concerning articulation and transfer? What are decisions regarding transfer of academic credit based upon?
- Is the institution internally consistent in its handling of articulation and transfer issues, or do different divisions have different policies and procedures?

1g. The institution strives to assure a consistent and coherent technical framework for students and faculty. When a change in technologies is necessary, it is introduced in a way that minimizes the impact on students and faculty.

- When a student or instructor proceeds from one course or program to another, is it necessary to learn another software program or set of technical procedures?
- When new software or systems are adopted, what programs/processes are used to acquaint instructors and students with them?

1h. The institution provides students with reasonable technical support for each educational technology hardware, software, and delivery system required in a program.

- Is a help desk function realistically available to students during hours when it is likely to be needed?
- Is help available for all hardware, software, and delivery systems specified by the institution as required for the program?
- Does the help desk involve person-to-person contact for the student? By what means, e.g., email, phone, fax?
- Is there a well-designed FAQ (Frequently Asked Questions) service, online and/or by phone menu or on-demand fax?

1i. The selection of technologies is based on appropriateness for the students and the curriculum. It is recognized that availability, cost, and other issues are often involved, but program documentation should include specific consideration of the match between technology and program.

- How were the technologies chosen for this institution's programs?
- Are the technologies judged to be appropriate (or inappropriate) to the program(s) in which they are used?
- Are the intended students likely to find their technology costs reasonable?
- What provisions have been made to assure a robust and secure technical infrastructure, providing maximum reliability for students and faculty?
- Given the rapid pace of change in modern information technology, what policies or procedures are in place to keep the infrastructure reasonably up-to-date?

1j. The institution seeks to understand the legal and regulatory requirements of the jurisdictions in which it operates, e.g., requirements for service to those with disabilities, copyright law, state and national requirements for institutions offering educational programs, international restrictions such as export of sensitive information or technologies, etc.

- Does institutional documentation indicate an awareness of these requirements and that it has made an appropriate response to them?

2. Curriculum and Instruction

Methods change, but standards of quality endure. The important issues are not technical but curriculum-driven and pedagogical. Decisions about such matters are made by qualified professionals and focus on learning outcomes for an increasingly diverse student population.

2a. As with all curriculum development and review, the institution assures that each program of study results in collegiate level learning outcomes appropriate to the rigor and breadth of the degree or certificate awarded by the institution, that the electronically offered degree or certificate program is coherent and complete, and that such programs leading to undergraduate degrees include general education requirements.

- What process resulted in the decision to offer the program?
- By what process was the program developed? Were academically qualified persons responsible for curricular decisions?
- How were "learning outcomes appropriate to the rigor and breadth of the degree or certificate awarded" established? Does the program design involve the demonstration of such skills as analysis, comprehension, communication, and effective research?

- Is the program "coherent and complete?"
- Are related instructional materials appropriate and readily accessible to students?

2b. Academically qualified persons participate fully in the decisions concerning program curricula and program oversight. It is recognized that traditional faculty roles may be unbundled and/or supplemented as electronically offered programs are developed and presented, but the substance of the program, including its presentation, management, and assessment are the responsibility of people with appropriate academic qualifications.

- What were the academic qualifications of those responsible for curricular decisions, assessment, and program oversight?
- What are the academic qualifications of those presenting and managing the program?
- If the principal instructor is assisted by tutors or student mentors, what are their qualifications?
- Are these qualifications considered appropriate to the responsibilities of these persons?

2c. In designing an electronically offered degree or certificate program, the institution provides a coherent plan for the student to access all courses necessary to complete the program, or clearly notifies students of requirements not included in the electronic offering. Hybrid programs or courses, mixing electronic and on-campus elements, are designed to assure that all students have access to appropriate services. (See also 2d below, concerning program elements from consortia or contract services.)

- How are students notified of program requirements?
- If the institution relies on other providers to offer program-related courses, what is the process by which students learn of these courses?
- Is the total program realistically available to students for whom it is intended? For example, is the chosen technology likely to be accessible by the target student population? Can target students meet the parameters of program scheduling?

2d. Although important elements of a program may be supplied by consortial partners or outsourced to other organizations, including contractors who may not be accredited, the responsibility for performance remains with the institution awarding the degree or certificate. It is the institution in which the student is enrolled, not its suppliers or partners, that has a contract with the student. Therefore, the criteria for selecting consortial partners and contractors, and the means to monitor and evaluate their work, are important aspects of the program plan.

In considering consortial agreements, attention is given to issues such as assuring that enhancing service to students is a primary consideration and that incentives do not compromise the integrity of the institution or of

2d. (continued)

the educational program. Consideration is also given to the effect of administrative arrangements and cost-sharing on an institution's decision-making regarding curriculum. Current examples of consortial and contractual relationships include:

- Faculty qualifications and support.
- Course material:
  - Courses or course elements acquired or licensed from other institutions.
  - Courses or course elements provided by partner institutions in a consortium.
  - Curricular elements from recognized industry sources, e.g., Microsoft or Novell certification programs.
  - Commercially produced course materials ranging from textbooks to packaged courses or course elements.
- Course management and delivery:
  - WebCT, Blackboard, College, etc.
- Library-related services:
  - Remote access to library services, resources, and policies.
  - Provision of library resources and services, e.g., online reference services, document delivery, print resources, etc.
- Bookstore services.
- Services providing information to students concerning the institution and its programs and courses.
- Technical services:
  - Server capacity.
  - Technical support services, including help desk services for students and faculty.
- Administrative services:
  - Registration, student records, etc.
- Services related to orientation, advising, counseling, or tutoring.
- Online payment arrangements.
- Student privacy considerations.

Evaluation of contract services and consortial arrangements requires a review of pertinent formal agreements. Note, for example:

- Are performance expectations defined in contracts and agreements? Are conditions for contract termination defined?

- Are there adequate quality control and curriculum oversight provisions in agreements concerning courseware?
- Are there appropriate system reliability and emergency backup guarantees in agreements concerning technology services?
- What are the provisions for protection of confidentiality and privacy in services involving personal information?
- What are the assurances concerning qualifications and training of persons involved in contact with students? These services may range from help desk to tutoring or counseling.
- Consortial agreements introduce additional elements to be evaluated:
  - How are curriculum-related decisions made by the consortium, noting the requirement that "Academically qualified persons participate fully in the decisions regarding program curricula and program oversight?"
  - Is the institution fully engaged in the consortial process, recognizing the decision-making responsibilities of shared ownership?
  - What are the financial arrangements among the parties to the consortial agreement? What are the implications of these arrangements for institutional participation and management?
  - What entity awards the certificates and degrees resulting from the consortial program?
  - What articulation and transfer arrangements are applicable to courses offered via the consortium? Did these arrangements involve specific curricular decisions by the academic structures of the participating institutions? Were they prescribed in a state or system decision?
  - To what extent are the administrative and student services arrangements of the consortium focused on the practical requirements of the student?

2e. The importance of appropriate interaction (synchronous or asynchronous) between instructor and students and among students is reflected in the design of the program and its courses, and in the technical facilities and services provided.

- What provisions for instructor-student and student-student interaction are included in the program/course design and the course syllabus? How is appropriate interaction assured?
- Is instructor response to student assignments timely? Does it appear to be appropriately responsive?
- What technologies are used for program interaction (e.g., email, telephone office hours, phone conferences, voicemail, fax, chat rooms, Web-based discussions, computer conferences and threaded discussions, etc.)?
- How successful is the program's interactive component, as indicated by student and instructor surveys, comments, or other measures?

3. Faculty Support

As indicated above, faculty roles are becoming increasingly diverse and reorganized. For example, the same person may not perform both the tasks of course development and direct instruction to students. Regardless of who performs which of these tasks, important issues are involved.

3a. In the development of an electronically offered program, the institution and its participating faculty have considered issues of workload, compensation, ownership of intellectual property resulting from the program, and the implications of program participation for the faculty member's professional evaluation processes. This mutual understanding is based on policies and agreements adopted by the parties.

- Have decisions regarding these matters been made in accordance with institutional or system processes customarily used to address comparable issues?

3b. The institution provides an ongoing program of appropriate technical, design, and production support for participating faculty members.

- What support services are available to those responsible for preparing courses or programs to be offered electronically? What support services are available to those faculty members responsible for working directly with students?
- Do participating faculty members consider these services to be appropriate and adequate?
- Does the staff include qualified instructional designers? If so, do they have an appropriate role in program and course development?

3c. The institution provides to those responsible for program development the orientation and training to help them become proficient in the uses of the program's technologies, including potential changes in course design and management.

- What orientation and training programs are available? Are there opportunities for ongoing professional development?
- Is adequate attention paid to pedagogical changes made possible and desirable when information technologies are employed?
- Given the staff available to support electronically offered programs, are the potential changes in course design and management realistically feasible?
- Do those involved consider these orientation and training programs to be appropriate and adequate?

3d. The institution provides to those responsible for working directly with students the orientation and training to help them become proficient in the uses of the technologies for these purposes, including strategies for effective interaction.

- What orientation and training programs are available? Are there opportunities for ongoing professional development? Do those involved consider these orientation and training programs to be appropriate and adequate?

4. Student Support

Colleges and universities have learned that the twenty-first century student is different, both demographically and geographically, from students of previous generations. These differences affect everything from admissions policy to library services. Reaching these students, and serving them appropriately, are major challenges to today's institutions.

4a. The institution has a commitment—administrative, financial, and technical—to continuation of the program for a period sufficient to enable all admitted students to complete a degree or certificate in a publicized timeframe.

- Do course and program schedules reflect an appropriate commitment to the program's students?
- Do budget, faculty, and facilities assignments support that commitment?

4b. Prior to admitting a student to the program, the institution:

- Ascertains by a review of pertinent records and/or personal review that the student is qualified by prior education or equivalent experience to be admitted to that program, including in the case of international students, English language skills.
- Informs the prospective student concerning required access to technologies used in the program.
- Informs the prospective student concerning technical competence required of students in the program.
- Informs the prospective student concerning estimated or average program costs (including costs of information access) and associated payment and refund policies.
- Informs the prospective student concerning curriculum design and the time frame in which courses are offered, and assists the student in understanding the nature of the learning objectives.
- Informs the prospective student of library and other learning services available to support learning and the skills necessary to access them.
- Informs the prospective student concerning the full array of other support services available from the institution.

4b. (continued)

- Informs the prospective student about arrangements for interaction with the faculty and fellow students.
- Assists the prospective student in understanding independent learning expectations as well as the nature and potential challenges of learning in the program's technology-based environment.
- Informs the prospective student about the estimated time for program completion.

To evaluate this important component of admission and retention, it is appropriate to pursue the following:

- How do potential students learn about the electronically offered program? Is the information provided sufficient, fair, and accurate?
- How are students informed about technology requirements and required technical competence?
- How are students informed about costs and administrative arrangements?
- What information and/or advice do students receive about the nature of learning and the personal discipline required in an anytime/anywhere environment?
- What criteria are used to determine the student's eligibility for admission to the program?
- What steps are taken to retain students in the program?
- What is the history of student retention in this program?

4c. The institution recognizes that appropriate services must be available for students of electronically offered programs, using the working assumption that these students will not be physically present on campus. With variations for specific situations and programs, these services, which are possibly coordinated, may include:

- Accurate and timely information about the institution, its programs, courses, costs, and related policies and requirements.
- Pre-registration advising.
- Application for admission.
- Placement testing.
- Enrollment/registration in programs and courses.
- Financial aid, including information about policies and limitations, information about available scholarships, processing of applications, and administration of financial aid and scholarship awards.
- Secure payment arrangements.
- Academic advising.
- Timely intervention regarding student progress.
- Tutoring.

4c. (continued)

- Career counseling and placement.
- Academic progress information, such as degree completion audits.
- Library resources appropriate to the program, including, reference and research assistance; remote access to data bases, online journals and full-text resources; document delivery services; library user and information literacy instruction, reserve materials; and institutional agreements with local libraries.
- Training in information literacy including research techniques.
- Bookstore services: ordering, secure payment, and prompt delivery of books, course packs, course-related supplies and materials, and institutional memorabilia.
- Ongoing technical support, preferably offered during evenings and weekends as well as normal institutional working hours.
- Referrals for student learning differences, physical challenges, and personal counseling.
- Access to grievance procedures.

Within the context of the program, the requirements of the program's students, and the type of institution, review each of the services and procedures listed above from the standpoint of a student for whom access to the campus is not feasible.

- Are the institution's policies and procedures appropriate and adequate from the standpoint of the distant student?
- If not all appropriate resources are routinely available at a distance, what arrangements has the institution made to provide them to distant students?
- Are these services perceived by distant students to be adequate and appropriate?
- Are these services perceived to be adequate and appropriate by those responsible for providing them? What modifications or improvements are planned?

4d. The institution recognizes that a sense of community is important to the success of many students, and that an ongoing, long-term relationship is beneficial to both student and institution. The design and administration of the program takes this factor into account as appropriate, through such actions as encouraging study groups, providing student directories (with the permission of those listed), including off-campus students in institutional publications and events, including these students in definitions of the academic community through such mechanisms as student government representation, invitations to campus events including graduation ceremonies, and similar strategies of inclusion.

- What strategies and practices are implemented by this institution to involve distant students as part of an academic community? By their statements and actions, do administrators and participating faculty members communicate a belief that a sense of academic community is important?
- How are the learning needs of students enrolled in electronically offered programs identified, addressed, and linked to educational objectives and learning outcomes, particularly within the context of the institution's definition of itself as a learning community.
- Do representative students feel that they are part of a community, or that they are entirely on their own?

5. Evaluation and Assessment

Both the assessment of student achievement and evaluation of the overall program take on added importance as new techniques evolve. For example, in asynchronous programs the element of seat time is essentially removed from the equation. For these reasons, the institution conducts sustained, evidence-based and participatory inquiry as to whether distance learning programs are achieving objectives. The results of such inquiry are used to guide curriculum design and delivery, pedagogy, and educational processes, and may affect future policy and budgets and perhaps have implications for the institution's roles and mission.

5a. As a component of the institution's overall assessment activities, documented assessment of student achievement is conducted in each course and at the completion of the program, by comparing student performance to the intended learning outcomes.

- How does the institution review the effectiveness of its distance education programs to assure alignment with institutional priorities and educational objectives?
- How does evaluated student performance compare to intended learning outcomes?
- How is student performance evaluated?
- How are assessment activities related to distance learning integrated into the institution's broader program of assessment?

5b. When examinations are employed (paper, online, demonstrations of competency, etc.), they take place in circumstances that include firm student identification. The institution otherwise seeks to assure the integrity of student work.

- If proctoring is used, what are the procedures for selecting proctors, establishing student identity, assuring security of test instruments, administering the examinations, and assuring secure and prompt evaluation?
- If other methods are used to identify those who take the examination, how is identification firmly established?

How are the conditions of the examination (security, time limits, etc.) controlled?

- Does the institution have in place effective policies and procedures to assure the integrity of student work?

5c. Documented procedures assure that security of personal information is protected in the conduct of assessments and evaluations and in the dissemination of results.

- What procedures assure the security of personal information?
- How is personal information protected while providing appropriate dissemination of the evaluation results?

5d. Overall program effectiveness is determined by such measures as:

- The extent to which student learning matches intended outcomes, including for degree programs both the goals of general education and the objectives of the major.
- The extent to which student intent is met.
- Student retention rates, including variations over time.
- Student satisfaction, as measured by regular surveys.
- Faculty satisfaction, as measured by regular surveys and by formal and informal peer review processes.
- The extent to which access is provided to students not previously served.
- Measures of the extent to which library and learning resources are used appropriately by the program's students.
- Measures of student competence in fundamental skills such as communication, comprehension, and analysis.
- Cost effectiveness of the program to its students, as compared to campus-based alternatives.

Although not all of these measures will be applicable equally at every institution, appropriate evidence is generally available through:

- Evaluations of student performance (see 5a above).
- Review of student work and archive of student activities, if maintained, in the course of program reviews.
- Results from students' routine end-of-course and program evaluations.
- Student surveys of overall satisfaction with the experience of electronically offered programs; surveys reflecting student cost trade-offs experienced as they pursued the program.
- Faculty surveys, peer reviews of programs, and discussion groups.
- Documentation concerning access provided to students not previously served, through a combination of enrollment records and student surveys.
- Usage records concerning use of library and learning resources, and instructor assignments that require such usage.
- Assessment of students' fundamental skills in communication, comprehension, and analysis. How have the institution's usual measures of these skills been adapted to assess distant students?
- Documentation of the institution's analyses that relate costs to goals of the program.

5e. The institution conducts a program of continual self-evaluation directed toward program improvement, targeting more effective uses of technology to improve pedagogy, advances in student achievement of intended outcomes, improved retention rates, effective use of resources, and demonstrated improvements in the institution's service to its internal and external constituencies. The program and its results are reflected in the institution's ongoing self-evaluation process and are used to inform the further plans of the institution and those responsible for its academic programs.

- How is the institution's ongoing program of assessment and improvement developed and conducted?
- Does it cover the essential categories of improved learning outcomes, retention, use of resources, and service to core constituencies?
- Does the program appropriately involve academically qualified persons?
- What are the institution's mechanisms for review and revision of existing programs and courses?
- How does program evaluation affect institutional planning?
- What constituencies are actively involved in the ongoing process of planning for improvement?
- Has the process had measurable results to date?

5f. Institutional evaluation of electronically offered programs takes place in the context of the regular evaluation of all academic programs.

- What are the administrative and procedural links between the evaluation of electronically offered programs and the ongoing evaluation of all academic programs?
- How are the respective characteristics of campus-based and electronically offered programs taken into account?

ADDITIONS AND REVISIONS

Chapter 13
The Commission's Candidacy Program

The following section implements new Commission policy I.A.7. ELIGIBILITY PROCESS FOR NON-AFFILIATED INSTITUTIONS, adopted November 1998. It replaces information found on pages 173-174 related to the Preliminary Information Form Process.

THE ELIGIBILITY PROCESS

Overview

The Eligibility Process is for educational organizations considering accreditation by the Higher Learning Commission. In this process the Commission determines whether the interested organization is eligible for an on-site evaluation by a team. The Process occurs in three stages. In the first stage the organization completes a mandatory interview with Commission staff in the Commission office. In the second stage the organization will indicate formally that it wishes to be assigned a staff liaison and begin preparation of the Preliminary Information Form (PIF) document. In the third stage the organization submits the PIF document, and it is sent to a panel of consultant-evaluators for review. There is a fee associated with each step of the process. The sections below provide details about each of these steps.

Step One: Request for an Interview

If the educational organization decides to pursue accreditation it sends a letter to the Executive Director requesting an interview. It should include *three sets* of official documentation of the following:

a. the educational organization is within the Commission's scope of service by
   - having a main campus or headquarters within the 19-state north central region or
   - holding a certificate of incorporation from a secretary of state within the region or
   - being a federal institution under the authority of the U.S. military or U.S. governmental agency or
   - participating in a collaborative endeavor, which is approved by the Commission's Board of Trustees, and having a primary purpose of assuring educational quality.

b. the educational organization's Governing Board has determined that it seek affiliation with North Central;

c. the educational organization has legal authorization from a state or other appropriate governmental entity to operate as an institution of higher education and has sought or is seeking degree-granting authority;

d. the educational organization has a CEO;

e. the educational organization has a published catalog;

f. the educational organization has the financial base to support an educational organization of higher education (may be shown by submission of an audit, letter of reference from a bank or accountant, etc.)

The staff will invite the educational organization to schedule a meeting in the Commission office. Typically the meeting will occur with the CEO and with one or two other representatives whom the CEO chooses to include. The session will begin with an overview of the Commission requirements and processes. The educational organization will then present an overview of its history, structure and function. Together the educational organization and staff will explore the educational organization's readiness to begin the Eligibility Process. Educational organizations may want to do a rough draft

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of the Preliminary Information Form prior to the interview. Staff will not formally review the document, but the exercise of drafting the document should help the educational organization focus on its strengths and weaknesses and identify areas where there are questions. The meeting will last approximately two hours. **Step One Fee: $800**

Step Two: Letter of Intent

If, after completing the interview, the educational organization decides to move forward with seeking accreditation, it will file a letter of intent and will be assigned a staff liaison. At this time the educational organization should have already been working on its Preliminary Information Form and have set a date in the near future for filing the completed document with the Commission. Typically the liaison's interactions will occur via electronic or telephonic communication, although in rare instances a campus visit at the educational organization's expense might be deemed appropriate. The goal of the staff consultation is to provide useful advice on how the General Institutional Requirements (GIRs) are usually interpreted and applied as well as to assist the educational organization in understanding the unique nature of the relationship with the Commission established through accreditation. The staff liaison will be available to the educational organization as a resource throughout the Eligibility Process but will typically not review the Preliminary Information Form document in an attempt to prejudge or predict the decision of a panel. The educational organization may take up to two years from the date of the interview to file its letter of intent; after two years has elapsed the educational organization will need to complete another interview before the Commission will accept a letter of intent. **Step Two Fee: $1,500**

Step Three: Filing the Preliminary Information Form

The educational organization submits *three sets* of its completed PIF to the Commission office no later than one year after filing its letter of intent. The staff sends the educational organization's PIF materials to two reviewers selected by staff from members of the Eligibility Process Review Council. The reviewers will complete the PIF analysis and submit it to the Executive Director with a copy to the staff liaison.

The reviewers will determine whether the evidence provided by the educational organization forms a justifiable basis for scheduling an evaluation team to make an on-site visit to the educational organization. *An educational organization must provide reasonable evidence to meet each General Institutional Requirement or it will not be scheduled for an on-site evaluation.* The task of the reviewers will be to consider whether a team looking at the evidence presented in the PIF *could* reasonably conclude that each of the GIRs is met. In making this judgment the reviewers will look to both the sufficiency and weight of the evidence to demonstrate that a GIR is met and whether that evidence is sufficiently compelling. **Step Three Fee: $1,500**

The reviewers can determine:

1. that the educational organization is ready to prepare its Self-Study application for a team visit, OR
2. that the educational organization should submit additional information to address limited portions of the PIF, OR
3. that the educational organization is not ready to pursue affiliation with the Commission.

The reviewers' analysis will be provided to the educational organization and, if an on-site evaluation occurs, to the first team to visit the educational organization.

A. If the reviewers determine that the educational organization is ready to prepare a Self-Study Report, the educational organization and staff liaison initiate the appropriate processes. Staff will invite the educational organization to select a date for the evaluation visit and to engage in a Self-Study process that culminates in production of the Self-Study Report. The Self-Study Report is due two months before the evaluation date. **The Self-Study Report is the formal application for status with the Commission.** The educational organization will have no more than two calendar years from the date of the reviewers' analysis and recommendation in which to submit its final Self-Study Report. If it does not do so by the end of the two-year period, it will need to begin the Eligibility Process again.

B. If the educational organization is asked to resubmit portions of its PIF, it will have one calendar year from the date of the reviewers' analysis and recommendation in which to successfully complete the Eligibility Process. The educational organization is limited to one resubmission during that year.

C. If the reviewers determine that the educational organization is not ready to pursue affiliation, the educational organization must wait one calendar year from the date of the reviewers' analysis and recommendation before reapplying for the Eligibility Process.

Please note that all fees are non-refundable.

*The following change relates to the information on **candidacy** on page 175.*

The board of Trustees, at its meeting in February 1998, approved the following change to the candidacy policy: **In exceptional situations, the Board of Trustees at its discretion may extend candidacy to a fifth year.**

ADDITIONS AND REVISIONS

Chapter 14
The Commission's Federal Compliance Program

ELIMINATION OF POLICY ON FEDERALLY MANDATED UNANNOUNCED INSPECTIONS (pp. 184-187)

The Board of Trustees, at its March 1999 meeting, approved the elimination of Policy I.A.7, Federally Mandated Unannounced Inspections, since Federal regulations no longer require this provision.

The following text replaces information on page 182.

INSTITUTIONAL COMPLIANCE WITH THE HIGHER EDUCATION REAUTHORIZATION ACT (policy I.A.5)

The Commission expects that its affiliated institutions comply if required with the Title IV requirements of the Higher Education Reauthorization Act as amended in 1992. Therefore, institutions will provide teams for review and consideration the most recent default rates (and any default reduction plans approved by the Department of Education) and any other documents concerning the institution's program responsibilities under Title IV of the Act, including any results of financial or compliance audits and program reviews.

The teams weigh the information and its relationship to the General Institutional Requirements, Criteria for Accreditation, and/or the requirements of Candidacy program. If a team determines that an institution's failure to meet Title IV default rate thresholds raises significant issues concerning the quality of education provided by the institution or the institution's ability to meet all other Commission requirements, it may recommend further monitoring, probation, or withdrawal of affiliation.

The Commission reserves the right to review an institution's status when the Department of Education findings have proven significant noncompliance with the Act.

The following text replaces information on page 183.

PROFESSIONAL ACCREDITATION (policy III.A.1)

The Commission grants general institutional accreditation. Because the Commission accredits an institution as a whole, it cannot omit from its evaluation any area or program of an institution. However, the Commission's affiliation with the institution, accreditation or candidacy, is not and should not be interpreted as being equivalent to specialized accreditation of individual programs.

Institutional accreditation is not automatically affected by the accreditation given or withheld by any particular professional association, although the Commission does take cognizance of the standards set by professional societies. In its Annual Report, the Commission asks an institution to identify any adverse actions taken by professional accreditation agencies. If such an agency accredits a significant portion of an institution's programs (more than one-third) or accredits programs with a significant portion of the institution's enrollment (more than one-third), the Commission will review the rationale for the adverse actions and determine whether further institutional monitoring is appropriate.

If any program agency informs the Commission that the grounds for its adverse actions are based on deficiencies related to the overall health of the institution, the Commission will implement processes to determine whether the institution's status with the Commission should be affected.

The following text replaces information on page 183.

REQUIREMENTS OF INSTITUTIONS HOLDING DUAL INSTITUTIONAL ACCREDITATION (policy III.A.3)

Any institution seeking or holding affiliation with the Commission and with another CHEA-or federally-recognized institutional accrediting body must describe itself in identical terms to both associations with regard to purpose, governance, programs, sites, degrees, diplomas, certificates, personnel, finances, and constituents. If the other accrediting body takes an adverse action against the institution, the Commission will review the rationale for that action and determine whether the institution's affiliation with the Commission should be reviewed. If the Commission takes an adverse action against the institution, it will notify the other agency within 30 days.

The following is a new policy and a discussion of how the policy should be carried out.

INSTITUTIONAL RECORDS OF STUDENT COMPLAINTS (policy IV.B.4)

To comply with federal regulations, the Commission expects an affiliated institution to make available to a comprehensive evaluation team an account of the student complaints it has received.

Explanation

The Commission understands that the Department of Education expects evaluation teams to be aware of major complaints or categories of student concerns that may or may not be addressed in the Self-Study Report. The primary source of that information should be an institutional account of student complaints and their disposition. Institutions may have a variety of ways of providing that account, and almost any manner of accounting should be acceptable to a team. In the first iteration of this policy in February of 1998, the Commission had mandated the maintaining of a log of written complaints, which institutions would then show to the team. This manner should still be an acceptable means of meeting the policy under the August revision, but institutions now have the freedom to utilize other means of collecting and reporting on this information that are comfortable for them.

Aware that students can register concerns in all sorts of ways, ranging from informal conversations to articles in student newspapers to formal letters filed with appropriate offices, the Commission believes that this new federally-mandated obligation should be focused principally on complaints made formally in writing, signed by a student, and addressed to and submitted to an institutional officer with the responsibility to handle the complaint. However, institutions may choose to report generally on complaints received at a variety of points and in a variety of ways on campus. Institutions should include in their account of student complaints information for at least the last two years of operation preceding the comprehensive evaluation.

How Teams Should Approach Review of Student Complaints

The following questions/answers are designed to help teams understand how to deal with this new policy.

- *Why is the Commission now requiring institutions to provide an account of student complaints?* The USDE asked that the Commission adopt a policy of this nature in order for it to be in compliance with the requirements of statute and regulation.

- *What should teams be looking for in reviewing student complaints?* The team's review should be narrowly confined by the purpose of the federal requirement. The purpose is twofold, as the Commission understands the USDE's expectations. First, teams should consider whether institutions generally deal with complaints in a timely manner, according to their policy or procedure or practice for reviewing complaints, and in a way that demonstrates fairness to students. Second, teams should look for any pattern to the complaints that suggests problems with institutional quality or with factors related to the General Institutional Requirements or Criteria for Accreditation. The team should not be reviewing or second-guessing institutional decisions in specific complaints.

- *What kind of accounting of student complaints should teams expect to see?* An institution may make use of whatever log or report it wishes to use or already has in place. How much detail to be provided is up to the individual institution and will vary according to the complaints it has received.

- *What kinds of complaints should the institution report?* The policy simply requires that institutions track complaints from students. The institution need not track complaints from parents, employers, community residents, or former students or alums. Institutions may exclude trivial or minor complaints from the report. However, the institution should report on complaints that are of a non-academic as well as an academic nature, provided these complaints are from current or recent students.

- *What about issues of privacy?* An institution should have some mechanism for protecting the privacy of students as well as the privacy of other parties. If the institution attempts to show the team the complaints it has received or documents related to those complaints or any other document with student and/or other names on it, the team should immediately return the material to the institution without further review.

- *Is the Commission now requiring that institutions have a formal complaint policy?* Absolutely not. The Commission has made no changes in its substantive approach in this area. The new policy is a *federal compliance policy* requiring that institutions provide complaint information to teams much as they provide information about Title IV compliance.

- *How should the team treat complaints within the text of the Team Report?* In the majority of cases, the team need only mention in its section on federal compliance that it reviewed the institution's account and had no concerns. In the rare case where the institution's report suggests accrediting concerns, the team should use the report only as a springboard to further investigation. In no case should an accrediting recommendation be built on complaints; instead a team should look to the self-study, institutional policy, interviews with staff, etc., to determine whether concerns suggested by student complaints indeed have a foundation in the evidence produced through regular evaluation processes. A recommendation for further monitoring should be grounded in this evidence.

- *Other questions or comments?* Please contact Karen Solinski at the Commission office. 800/621-7440 ext. 111 or ksolinski@hlcommission.org.

ADDITIONS AND REVISIONS

Chapter 15
Informing the Public

The following is a new policy, which as with several other new policies in this document, reflects a greater openness of the Commission's work.

PUBLIC MEETINGS OF THE BOARD OF TRUSTEES (policy IV.A.1)

Board of trustees meetings are open to the members of the Association and to the general public. The board reserves the right to meet in executive session when discussing matters related to personnel, legal issues, and other matters requiring confidentiality. At each meeting the board will provide a time for participation by the public. However, only by invitation from the board may members of the public participate in the board's formal business meeting. The date and city of board meetings will be published in print and electronically at least two months in advance; the time and exact location of the meeting will be published electronically at least two weeks prior to the meeting.

Attendance at a meeting will constitute a waiver of any objection to lack of notice or defective notice unless a specific objection on these grounds is made at the outset of the meeting.

The following replaces information on page 90.

PUBLIC DISCLOSURE NOTICE (policy IV.A.7)

The Board of Trustees issues a Public Disclosure Notice regarding an adverse action taken on an affiliated institution. The Notice includes a history of the institution's relationship with the Commission, the nature of the adverse action, and a brief analysis of the situation that prompted the action. The Notice also includes any statement the institution wishes to make about the action taken by the Board. The Notice is attached to lists of official actions submitted to federal and state agencies and is made available to the public.

In other situations the Commission staff may collaborate with an institution to develop a Public Disclosure Notice that will serve the needs of both entities. The Notice includes a history of the institution's relationship with the Commission as well as a brief analysis of the situation which prompts the Notice as well as an explanation of the pending or final Commission processes and decisions. The Notice is available to the public on request.

The following replaces information on page 190-191.

PUBLICATION OF AFFILIATION BY THE INSTITUTION

Beginning January 1, 2001, accredited and candidate institutions should report their status with the Commission in new ways. This change can be phased in during the normal printing cycle of publications and ads **and should not require special reprinting.**

BEST COPY AVAILABLE

For accredited institutions, status should read:

Accredited by The Higher Learning Commission and a member of the North Central Association

or

Accredited–The Higher Learning Commission: Member–North Central Association

For candidate institutions, status should read:

Candidate with The Higher Learning Commission and an affiliate of the North Central Association

or

Candidate–The Higher Learning Commission: Affiliate–North Central Association

An institution that is on probation must disclose this sanction whenever it refers to its accreditation.

The Commission has developed seals for institutional use in reporting accreditation status. Once the seals have cleared the trademark process, they will be available to accredited and candidate institutions in hard copy and electronic form.

These seals will meet the federal requirement of publishing the Commission's address (web address) and phone number in announcing the institution's accreditation status.

Addendum to the
Handbook of Accreditation
Second Edition

March 2002

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